OMB number: 0915-0151
Expiration date: 8/31/2026

INSTITUTION/PROGRAM AND CONTACT INFORMATION

Institution/program information:

Organization

Address

City

State ZIP Code

Institution/program Web site address

Is the institution using this report to:

- [ ] Apply for funds through the Dental Reimbursement Program (DRP)?
- [x] Submit data for the Community-Based Dental Partnership Program (CBDPP)?

Type of institution/program submitting this report (select all that apply):

- [ ] Accredited predoctoral dental education
- [ ] Accredited postdoctoral dental education
- [ ] Accredited dental hygiene education program

Program contact person (dentist or dental hygienist) most closely connected to the provision of services covered by this report:

Name

Title/Position

Address

City

State ZIP Code

Telephone:

Fax

Pager

E-mail address

Alternate program contact person:

Name

Title/Position

Address

City

State ZIP Code

Telephone:

Fax

Pager

E-mail address

OMB number: 0915-0151
Expiration date: 8/31/2026

SECTION 1. PATIENT DEMOGRAPHICS AND ORAL HEALTH SERVICES

Total number of UNDUPLICATED patients with HIV treated by students, residents, faculty, and other dental staff of your program:

Of the total number of UNDUPLICATED patients reported, how many were seen by your program for the first time during the period covered by this report?:

HIV/AIDS status of the UNDUPLICATED patients reported (as of the first visit in the period covered by this report):

HIV/AIDS Status	Number of Patients with HIV
HIV-positive, not AIDS	
HIV-positive, AIDS status unknown	
CDC-defined AIDS	
Total	

Of the number of UNDUPLICATED patients reported, indicate the number by sex assigned to the clients at birth:

Sex at Birth	Number of Patients with HIV
Male	
Female	
Unknown	
Total	

Of the number of UNDUPLICATED patients reported, indicate the number by age:

Age	Number of Patients with HIV
<13	
13-24	
25-34	
35-44	
45-54	
55-64	
>=65	
Total	

Of the number of UNDUPLICATED patients reported, indicate the number by household income:

Income (Federal Poverty Level)	Number of Patients with HIV
Equal to or below the Federal poverty level	
101-200% of Federal poverty level	
201-300% of Federal poverty level	
> 300% of Federal poverty level	
Unknown/unreported	
Total	

Of the number of UNDUPLICATED patients reported, indicate the number by race:

Race	Number of Patients with HIV
American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
More than one race	
Total	

Of the number of UNDUPLICATED patients reported, indicate the number by ethnicity:

Ethnicity	Number of Patients with HIV
Hispanic, Latino/a	
Non-Hispanic/Latino/a	
Total	

Of the number of FEMALE at birth patients reported, indicate the number by pregnancy status:

Pregnancy Status	Number of Female Patients with HIV
Pregnant	
Not pregnant	
Unknown/unreported	
Total	

If unknown/unreported, explain why:

OMB number: 0915-0151
Expiration date: 8/31/2026

Of the number of HISPANIC patients, indicate the number by ethnic group. The total number reported here must equal the number of HISPANIC OR LATINO/A patients reported:

Hispanic Subgroup	Number of Patients with HIV
Mexican, Mexican American, Chicano/a	
Puerto Rican	
Cuban	
Other Hispanic, Latino/a, or Spanish Origin	
Total	

Of the number of NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER patients reported, indicate the number by racial group:

Native Hawaiian/Pacific Islander Subgroup	Number of Patients with HIV
Native Hawaiian	
Guamanian or Chamorro	
Samoan	
Other Pacific Islander	
Total	

Of the number of ASIAN patients reported, indicate the number by racial groups:

Asian Subgroup	Number of Patients with HIV
Asian Indian	
Chinese	
Filipino	
Japanese	
Korean	
Vietnamese	
Other Asian	
Total	

Of the number of UNDUPLICATED patients reported, show where they received their primary medical care by each of the following locations:

Location	Number of Patients with HIV
Provider or clinic co-located in the same physical facility or site where oral health care is provided	
Provider or clinic in the same institution providing oral health care, but at a different site	
Other medical provider or clinic not in the same institution providing oral health care, at a different site	
Unknown/unreported	
Total	

Indicate the total number of visits made by UNDUPLICATED patients reported for each type of oral health service:

Service Type	Number of Visits
Diagnostic	
Preventative	
Oral health education/health promotion	
Nutritional counseling	
Tobacco prevention/cessation	
Oral medicine/oral pathology	
Restorative	
Periodontic	
Prosthodontic	
Oral and maxillofacial surgery	
Endodontic	
Anesthesia/sedation/nitrous oxide analgesia/palliative care	
Emergency services	
Other	
Total	

Specify Other Service(s) Provided

SECTION 2. FUNDING AND PAYMENT COVERAGE

Did the parent institution of the program receive any other Ryan White HIV/AIDS Program funding (not only for oral health care or training) during the period covered by this report?

☐ Yes ☐ No

Indicate the total funds the parent institution received from other Ryan White HIV/AIDS Program grants to provide any HIV-related services or training during the period covered by this Report (rounded to the nearest dollar):

Ryan White HIV/AIDS Program Funding	Amount Received
Part A	
Part B	
Part C	
Part D	
Special Projects of National Significance (SPNS)	
AIDS Education and Training Centers (AETCs)	
Total	

OMB number: 0915-0151
Expiration date: 8/31/2026

Of the number of UNDUPLICATED patients reported, indicate the number whose third-party coverage for oral health services fell under each of the following categories:

Third Party Payor Coverage	Number of Patients with HIV
NO third-party payor coverage	
PARTIAL third-party payor coverage	
UNKNOWN third-party payor coverage status	
Total	

Indicate the number of patients with HIV whose oral health care was PARTIALLY covered by each of the following sources and the total amount of payment received (rounded to the nearest dollar):

Funding and Payment Coverage	Number of Patients with HIV	Payment Received ($)
Medicaid (non-HMO/ non-managed care		
Medicaid (HMO/managed care)		
Medicare		
Other public insurance (e.g., TRICARE, VA)		
Private insurance, including HMO/managed care		
Self-pay or cash		
Other		
Unknown		
Total		

Specify Other Sources

OMB number: 0915-0151
Expiration date: 8/31/2026

SECTION 3. STAFFING AND TRAINING

For this reporting period, provide the following information about the number of dental students, residents, dental hygiene students, and other non-student dental providers who participated in or rotated through your program.

	Predoctoral Dental Students	Dental Residents or Postdoctoral Students	Dental Hygiene Students	Other Non-Student Dental
Students and residents enrolled in all years of the school/program				
Students, residents, and other providers who received formal didactic instruction in medical assessment or oral health management for patients with HIV				
Students, residents, and other providers who gained experience providing direct clinical services for patients with HIV				
Number of training hours as part of your curriculum (didactic and clinical combined) dedicated to issues related to medical assessment or oral health management for patients with HIV i. As part of required curriculum ii. As part of elective curriculum	i. ii.	i. ii.	i. ii.	ii.
Hours of direct clinical services for patients with HIV provided by students, residents, and other providers				

Optional narrative description of your HIV training program:

OMB number: 0915-0151
Expiration date: 8/31/2026

SECTION 4. PEOPLE AND COMMUNITIES DISPROPORTIONATELY IMPACTED BY HIV

List the names and addresses of the member organizations of your Community-Based Dental Partnership Program (other than your institution) and their roles or function in the partnership.

Name of Partner Organization	Contact Information	Does partner receive CBDPP funds?	Brief Description of Partner's Role or Function
	Address: City: State: ZIP Phone: Fax: Contact Person: Contact E-mail address:	☐ Yes ☐ No	