



26461



Outreach Short Form



Shade Circles Like This--> ●
Not Like This--> ⊗ ⊙

When writing letters or numbers, place one character in each box. Please print carefully and avoid the edges of the box. For letters, use only capitals. **PLEASE USE BLACK PEN ONLY**

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

1	2	3	4	5	6	7	8	9	0
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Program ID:

Site ID:

Length of Contact:

 (minutes)

Time of Encounter:

AM
 PM

Date: (mm/dd/yy)

 / /

Testing Referral: (choose only one)

- Tested at encounter Declined/refused testing
- Referred for testing No testing referral

Place a test lab sticker in the box below if client tests today:



Place Test Lab Sticker #1 Below

First Name Initial:

Last Name Initial:

What country was the client born in?

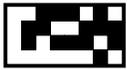
Date of Birth: (mm/dd/yy)

 / /

Residence Zip Code:

Incarcerated in last 12 months?

- Yes No Declined/Refused



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Gender Identity: *(choose only one gender)*

- Male
- Female
- Transgendered: M to F
- Transgendered: F to M

Gender at Birth: *(choose only one)*

- Male
- Female

Race/Ethnicity: *(choose all that apply)*

- Black / African-American
- Asian
- American Indian/ Alaska Native
- White
- Hispanic/ Latino(a)
- Don't Know
- Native Hawaiian/ Pacific Islander
- Decline/Refused to Answer
- Other race, specify:

Homeless Status: *(choose only one)*

- Not Homeless/Has a permanent living situation indoors
- Homeless, living outdoors
- Homeless, staying in a shelter or transitional housing where other services are provided
- Homeless, sleeping in a car or temporary indoor situation without additional services
- Homeless, but cannot or will not give more detail
- Unable or unwilling to give any information as to homeless status

Target Population: *(choose all that apply)*

- Client is a sex worker
- Client shared injection paraphernalia
- Client is HIV-positive
- Client is a Non-gay identified male
- Client is a gay male
- Client is a transgender
- Client is a woman
- Client is a youth between ages 12-24