Outreach Intervention Report Form

Name of Contracting Agency:

Intervention Name:

Primary risk population (check only one):	Secondary risk population (check only one):
___ MSM ___ MSM/IDU ___ IDU ___ Heterosexual ___ Mother with/at risk for HIV ___ General public	___ MSM ___ MSM/IDU ___ IDU ___ Heterosexual ___ Mother with/at risk for HIV ___ General public

Outreach Intervention Record

Date:

Location where intervention provided (check only one):

___ Community-Based organization

___ Community setting

___ Clinic-Health care facility

___ HIV counseling & testing site

___ Social service agency

___ Drug treatment facility

___ Correction /Detention center

___ School/Educational

___ Other (specify): _____

Number reached/Demographics

By gender:

____ Male

____ Female

____ Transgender

____ Unknown

By race:

____ American Indian/Alaska Native

____Native Hawaiian or Pacific Islander

____ Asian

____ White

____ African American

____More than one race

____ Race Unknown

By ethnicity:

____Hispanic or Latino

____Not Hispanic or Latino

____Ethnicity Unknow n

Numbers of materials distributed:

____ Condoms

____ Safer sex kits

____ Promotional items

____ Bleach/safer injection kits

____ Brochures/info materials

____ Other (specify):

Outreach Intervention Record - continued

Name of Contracting Agency:

Intervention Name:

Date:

Location where intervention provided (check only one):

___ Community-Based organization
___ Community setting
___ Clinic-Health care facility
___ HIV counseling & testing site
___ Social service agency
___ Drug treatment facility
___ Correction /Detention center
___ School/Educational
___ Other (specify): _____

Number reached/Demographics

By gender:

____ Male
____ Female
____ Transgender
____ Unknown

By race:

____ American Indian/Alaska Native
____Native Hawaiian or Pacific Islander
____ Asian
____ White
____ African American
____More than one race
____ Race Unknown

By ethnicity:

____Hispanic or Latino
____Not Hispanic or Latino
____Ethnicity Unknown

Numbers of materials distributed:

____ Condoms
____ Safer sex kits
____ Promotional items
____ Bleach/safer injection kits
____ Brochures/info materials
____ Other (specify):

Date:

Location where intervention provided (check only one):

___ Community-Based organization
___ Community setting
___ Clinic-Health care facility
___ HIV counseling & testing site
___ Social service agency
___ Drug treatment facility
___ Correction /Detention center
___ School/Educational
___ Other (specify): _____

Number reached/Demographics

By gender:

____ Male
____ Female
____ Transgender
____ Unknown

By race:

____ American Indian/Alaska Native
____Native Hawaiian or Pacific Islander
____ Asian
____ White
____ African American
____More than one race
____ Race Unknown

By ethnicity:

____Hispanic or Latino
____Not Hispanic or Latino
____Ethnicity Unknown

Numbers of materials distributed:

____ Condoms
____ Safer sex kits
____ Promotional items
____ Bleach/safer injection kits
____ Brochures/info materials
____ Other (specify):