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| --- | --- |
| Date: |  |
| Report Period: |  |
| Date of Site Visit: |  |

Contact Information of Provider Staff/Attendees:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | Contact Number | Email Address |
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RBHA Contact information:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | Contact Number | Email Address |
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| **Provider Details:** |
| **Activities and events within the report period:** |
| **Total number of persons reached during the report period:** |
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| **Provide the number of education classes that were conducted in languages other than English and what language(s) were they during the reporting period:** |
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| **What works and what needs improvement in collaboration and coordination of services:** |
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| **What efforts have been made to meet the cultural and linguistic needs of members in the communities served, considering the prevalent languages spoken, including sign language:** |
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| **What evidence was provided that the materials used are available in other languages to meet the needs of the community:** |
|  |
| **What Training/Technical Assistance (TA) was provided:** |
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| **What training would be useful to staff:** |
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| **Success Stories:** |
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| **List the type of training staff received regarding SABG:** |
| **Training** | **Frequency** |
|  |  |

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| **Barriers/Challenges - Identify any barriers/challenges during this period and describe how you have tried to resolve them, if not resolved provide steps that need to be taken to resolve:** |
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| **Process for referring members to other facilities/providers when necessary:** |
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| **Which Providers have you worked collaboratively with in the reporting period:** |
|  |
| **What literature is provided regarding HIV, TB and Hep C in provider lobby and/or other public locations:  (Provide copies)** |
|  |
| **Is this literature available in English and Spanish:** |
| [ ] **Yes /** [ ] **No** |
| **Provide details regarding specific education/information for pregnant members:** |
|  |
| **English and Spanish:** |
| [ ] **Yes /** [ ] **No** |

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| **Provide details regarding resources are available to members:** |
|  |
| **Provide details regarding processes for follow up and re-engaging members:** |
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| **Additional Comments/Questions:** |
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| **Follow up items:** |
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| --- | --- | --- | --- |
| **Completed By:** |  | **Title:** |  |
| **Signature:** |  | **Date:** |  |