

HRSA number (unique ID number):

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22. Employment status:

- full-time
- part-time
- unemployed -seeking
- unemployed -not seeking
- disabled
- seasonal
- self-employed
- retired
- other

23. Source of income:

- yes no TANF
- yes no employer cash benefits
- yes no general assistance
- yes no private insurance
- yes no social security
- yes no SSI
- yes no state disability
- yes no wages/salary
- yes no VA benefits
- yes no no income source
- yes no unknown
- yes no other

24. Referral source to primary care:

- case manager
- promotores
- outreach worker
- HIV testing site (internal)
- HIV testing site (external)
- STD clinic
- private physician
- hospital (not ER)
- emergency room
- CHC or other medical pgm
- mental health pgm
- food/drop-in ctr
- corrections/parole
- substance abuse pgm
- other social service pgm
- public health agency
- self (word-of-mouth)
- family/friends
- self-help group
- shelter/housing pgm
- other

25. Household income: annual US dollars only
(enter numbers only from the right, no commas or decimal points)

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26. Inferred presenting issues:

- mental health yes no didn't ask
- alcohol abuse yes no didn't ask
- drug abuse yes no didn't ask
- methadone yes no didn't ask
- homeless yes no didn't ask
- criminal justice yes no didn't ask
- sex trade yes no didn't ask
- low income yes no didn't ask
- chronic unemployment yes no didn't ask
- transportation yes no didn't ask
- rural isolation yes no didn't ask
- advanced stages yes no didn't ask

27. Years in agency area:

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28. Language of the form:

- English
- Spanish

29. How was this data submitted?

- paper (mailed)
- faxed
- e-form (internet)

30. Staff Person:

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For optimum accuracy, please print in capital letters or numbers and avoid contact with the edge of the box. The following will serve as an example:

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

