

## ***Instructions for General Linkage form completion***

All clients must be identified by their **URN (Unique Record Number)** to protect the client's confidentiality. The calculation for the URN is as follows:

1 <sup>st</sup> digit:	First letter of first name
2 <sup>nd</sup> digit:	Third letter of first name
3 <sup>rd</sup> digit:	First letter of last name
4 <sup>th</sup> digit:	Third letter of last name
5 <sup>th</sup> & 6 <sup>th</sup> digit:	<b>Month of birth</b> (01 to 12)
7 <sup>th</sup> & 8 <sup>th</sup> digit:	<b>Day of birth</b> (01 to 31)
9 <sup>th</sup> & 10 <sup>th</sup> digit:	<b>Year of birth</b> (00 to 99)
11 <sup>th</sup> digit:	<b>Gender</b> (M: 1, F: 2, or Other: 3)
12 <sup>th</sup> digit:	<b>Race</b> (White: 1, Black or African-American: 2, Asian: 3, Native Hawaiian/Pacific Islander: 4, American Indian or Alaskan Native: 5, More than one race: 6, Unknown/unreported: 7)
13 <sup>th</sup> digit:	<b>Ethnicity</b> (Hispanic/Latino: 1, Non-Hispanic: 2)
14 <sup>th</sup> digit:	<b>General linkage</b> (The letter: G)

The following documents must be maintained in the client's files:

Informed Consent  
Intake Form  
Encounter Log(s)  
Contact Log(s)  
Non-Medical and/or Medical Linkage(s) – front/back copies are acceptable.

**Confidentiality Agreement** is an agreement that is signed between the participating agency and the Project Monitor of linkage activities. This document provides details on maintaining client confidentiality via telephone, fax, email, etc. A site visit will be conducted to cover all areas of this agreement.

**Informed Consent** is an explanation of the program and your role as the Linkage Case Manager (LCM). This documents the client's willingness to participate in the intervention. At any time, this consent for participation may be withdrawn by the client. **The original signed copy must be maintained in the client's file and a copy must be provided to the client.**

**Intake Form** is completed once client has agreed to be linked to or engaged in care. This form must be completed with all the information that client has provided. Additional information may be added at a later date, such as date of diagnosis, etc.

**Encounter Log** is where general linkage case management is captured. Client-identified goals and notes from your contact with the client, whether it is phone, face to face visit, etc., must be written/entered here. This form must also be used for the client's discharge summary. **A minimum of two face to face contacts are required (this should include the client's intake and first medical appointment with a physician). In some cases this may be modified to fit your program needs. Please note that all successful contacts will be captured on the Encounter Log.**

**Contact Log** should be used when documenting all contacts that were unsuccessful between the LCM and client. **Please note that all unsuccessful attempts will be captured on the Contact Log.**

**Non-Medical/Medical Linkages** is used to document linkages and referrals to medical care and other supportive services, i.e. TB screening, STD screening, Housing, etc. Please obtain the client's signature for consent for follow-up on this linkage. If appointment is not made at your agency for the linkage, please discuss with client a timeframe as to when they will access the services they have been linked to. **Client may self-report access to services. This is up to your discretion.**

**Linkage Monthly Report-** Both totals must match under the **Total # of Clients Served (Only newly enrolled this month)**. This report must be submitted to the Linkage Coordinator no later than the 10<sup>th</sup> day of the month following the month being reported.

If you need any further assistance with the completion of these forms, you may reach the Statewide Linkage Coordinator at 404-651-7655.