



**Georgia Department of Public Health
(Office of HIV/AIDS)
Linkage Data Monthly Report
044 HIV Prevention**

Month: _____ Year: _____

Name of Agency: _____

Name of Person Completing Form: _____ Phone Number: _____

The number of clients enrolled into ARTAS:		Month	Cumulative
Total # of clients <i>“Newly Diagnosed”</i>			
Total # of <i>Previously Diagnosed</i>	clients <i>“Lost to Care”</i>		
	clients <i>“Newly Engaged”</i>		

The number of clients served through Non-ARTAS (General Linkage):		Month	Cumulative
Total # of clients <i>“Newly Diagnosed”</i>			
Total # of <i>Previously Diagnosed</i>	clients <i>“Lost to Care”</i>		
	clients <i>“Newly Engaged”</i>		

Referral Types given:	Total Ref	# of Clients Linked: ARTAS _(this month)		# of Clients Linked: Non-ARTAS _(this month)	
		Newly Diagnosed	Previously Diagnosed	Newly Diagnosed	Previously Diagnosed
Medical Care					
STD Clinic					
Substance Abuse Treatment/Prevention					
Mental Health					
Housing Assistance					
Employment					
Medicaid					
ADAP					
Long-term Case Management					

Total # of Clients Linked <i>(Only clients newly linked this month)</i>	ARTAS	Non-ARTAS
White (Non-Hispanic)		
Black/African American (Non-Hispanic)		
Asian		
Native American/Alaskan Native		
Native Hawaiian/Pacific Islander		
Other		
More than One Race		
Hispanic		
Total:		

Total # of Clients Linked <i>(Only clients newly linked this month)</i>	ARTAS	Non-ARTAS
# of Females > 24		
# of Males > 24		
# of Transgender Male to Female		
# of Transgender Female to Male		
# of Transgender Unknown		
# of Females 18-24		
# of Males 18-24		
Total:		

Number of Target Populations Served This Month <i>(one client may be entered in multiple target population categories)</i>	ARTAS Linkage	Non-ARTAS Linkage
Heterosexual Women		
Heterosexual Men		
Men that have sex with Men (MSM)		
Lesbian/Bisexual Women		
Transgender		
Injection Drug Users (IDU)		
MSM/IDU		
Parolees		
Homeless		

The number of clients served (this month):	ARTAS Linkage		Non-ARTAS Linkage	
	Month	Cumulative	Month	Cumulative
Total # of clients “Successfully” discharged this month				
Total # of clients “Lost to Follow-Up” or Non-compliant				
Total # of clients “Deceased”				

Monthly Narrative

List any barriers that you experienced while trying to link clients to needed services:

Describe successes that you had in getting clients into care or services more quickly or efficiently:

Describe any staff changes this period:

Describe any Technical Assistance needs:

To the best of my knowledge, belief, and ability, this is a complete and accurate report of activities conducted as part of this contract for the period stated herein and no pertinent information has been omitted from this report.

Signature of employee primarily
responsible for contract implementation

Date

Signature of said employee's
Immediate Supervisor

Date

Instructions for the Linkage Monthly Report

The Georgia Department of Public Health (Office of HIV/AIDS) should receive the Monthly Linkage Report no later than the 15th day of the month, following the month being reported. The information requested in this report represents the requirements of your current contract. Reporting accuracy and timely receipt are very important. This information can be submitted via email or fax to the Statewide Linkage Coordinators and the respective district's Prevention Regional Coordinator.

LePaige.Godfrey@dph.ga.gov
cc-Zenora.Sanders@dph.ga.gov
404.463.0407 (fax)