



**Georgia Department of Public Health  
(Office of HIV/AIDS)  
ARTAS Data Monthly Report**

*\*Does not replace HIV-Form 550-Narrative Progress Report*

Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<i>The number of clients enrolled:</i>		<i>Month</i>	<i>Cumulative</i>
Total # of clients <b>"Newly Diagnosed"</b>			
Total # of <i>Previously Diagnosed</i>	clients <b>"Lost to Care"</b>		
	clients <b>"Newly Engaged"</b>		

<b>Referral Types given:</b>	<b>Total Ref</b>	<b># of Clients Linked: (this month)</b>		<b># on Wait List/Pending: (this month)</b>	
		<b>Newly Diagnosed</b>	<b>Previously Diagnosed</b>	<b>Newly Diagnosed</b>	<b>Previously Diagnosed</b>
Medical Care					
STD Clinic					
Substance Abuse Treatment/Prevention					
Mental Health					
Housing Assistance					
Employment					
Medicaid					
ADAP					
Long-term Case Management					

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

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

<i>Number of Target Populations Linked This Month (One client may be entered in multiple target population categories)</i>			
Heterosexual Women		Lesbian/Bisexual women	
Heterosexual Men		Transgender	
Men that have sex with men(MSM)		MSM/IDU	
Homeless			
Incarcerated persons			
Parolees		<b>*This is the total for both sides of this table</b>	
Injection Drug users (IDU)			<b>Total</b>

<i>The number of clients served:</i>	<i>Month</i>	<i>Cumulative</i>
Total # of clients <b>“Successfully”</b> discharged this month		
Total # of clients discharged to <b>“General Linkage through Support Services”</b>		
Total # of clients <b>“Lost to Follow-Up” or Non-compliant</b>		
Total # of clients <b>“Deceased”</b>		

**90 Day Follow-up:**

Of clients linked to medical care three months prior, \_\_\_\_\_ are still in care out of \_\_\_\_\_ linked that month. *Example – For clients enrolled in March, the number remaining in care should be documented on the March monthly report.*

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

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

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Additional Notes:

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**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  
Administrative Director

\_\_\_\_\_  
Date

### ***Instructions for the ARTAS Monthly Report***

The Georgia Department of Public Health (Office of HIV/AIDS) ARTAS providers must submit the Monthly Report no later than the 15<sup>th</sup> day of the month following the month being reported. This information can be submitted via mail or fax to the Linkage Coordinator at the following address:

Georgia Department of Public Health  
Attn: Statewide Linkage Coordinator  
2 Peachtree Street, N.W., 12<sup>th</sup> floor  
Atlanta, GA. 30303  
404.463.0392 (office)  
404.463.0407 (fax)  
[Zenora.Sanders@dph.ga.gov](mailto:Zenora.Sanders@dph.ga.gov)  
[cc-Jamila.Ealey@dph.ga.gov](mailto:cc-Jamila.Ealey@dph.ga.gov)

The information requested in this report represents the requirements of your current contract. Reporting accuracy and timely receipt are very important.