

**Eligibility and enrollment form for DEII Transitional Care Coordination initiative**

*Instructions: Please answer the following questions regarding the client’s eligibility for the DEII Transitional Care Coordination initiative. This form should be completed for any client referred to the DEII Transitional Care Coordination initiative.*

- 1. Is the person 18 years or older?  No  Yes
- 2. Is this person HIV-positive?  No  Yes

**TRANSITIONAL CARE COORDINATION**

*Client must respond “yes” to all of the following questions to be eligible:*

- 1. Is the client currently in jail or has the client been in jail within the last 7 days?  No  Yes

How many times did the interventionist attempt to reach this client, prior to the time where the interventionist was able to connect with the client and explain the intervention activities to the client? \_\_\_\_\_

**INFORMED CONSENT**

10. Did the subject sign the consent form?	<input type="radio"/> No <input type="radio"/> Yes
10a. Date consent form signed (mm/dd/yyyy)	____/____/____
11. Did the subject sign the audio recording consent form?	<input type="radio"/> No <input type="radio"/> Yes
11a. Date audio consent form signed (mm/dd/yyyy)	____/____/____

**If NOT CONSENTED**, specify reason(s): (choose all that apply)

**Client's reasons:**

- Timing
- Not interested/Client didn't want to wait
- Personal problems
- Questions too personal
- Too ill
- Unknown
- Other (specify):  
\_\_\_\_\_

**Discretion of study staff:**

- Too tired
- Too ill, physical health problem
- Too ill, mental health problem
- Inappropriate behavior
- Not comprehending questions
- Incomprehensible responses
- Too high/inebriated
- Other (specify): \_\_\_\_\_

**OUTCOME**

Ineligible / Eligible: **Participant ID #:** \_\_\_\_ \_

**IMPORTANT:** The Participant ID will be used on all study instruments. Write it down and store in secure locked/password protected file with the participant's contact information and/or your local Client ID.