

**Sample Eligibility Screener Template**

**G200** Date \_\_\_/\_\_\_/20\_\_\_    
  **H09** Worker ID \_\_\_\_\_    
  **G102** Client ID \_\_\_\_\_

**H18** **Recruitment Source** (Type of service agency was providing when client was referred to intervention)

- |  |  |
|--|--|
| <input type="checkbox"/> Counseling and Testing          | <input type="checkbox"/> Health Communication / Public Information |
| <input type="checkbox"/> PCRS                            | <input type="checkbox"/> Outreach                                  |
| <input type="checkbox"/> Health Education/Risk Reduction | <input type="checkbox"/> Intake/Screening                          |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Don't know (Refer)                        |

**H13** **Recruitment Source** (How client learned about the intervention, if no outreach or referrals?)

- |  |  |                               |                                     |
|--|--|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Agency        | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Self | <input type="checkbox"/> Partner    |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Other _____   |                               | <input type="checkbox"/> Don't know |

\*Name of agency making referral (if appropriate) \_\_\_\_\_

Name First: \_\_\_\_\_ Middle \_\_\_\_\_ Last: \_\_\_\_\_

**G124** **Current Gender**

- Male  
 Female  
 Transgender  
 MTF  
 FTM

**G123** **Gender at Birth**

- Male  
 Female

**G116** **Race (Check all that apply)**

- American Indian/Alaskan Native  
 Asian  
 Black or African-American  
 Native Hawaiian/Pacific Islander  
 White  
 Other \_\_\_\_\_  
 Refused to answer  
 Don't know

**G114** **Ethnicity**

- Hispanic/Latino  
 Non-Hispanic  
 Refused to answer  
 Don't know

**G112** **DOB** \_\_\_/\_\_\_/\_\_\_

**G113** **Age** \_\_\_\_\_

**G121** **Do you speak English?**     No     Yes

**G122** **If no, what language?** \_\_\_\_\_

**Sexual Orientation**

- Straight/Heterosexual  
 Bisexual  
 Lesbian/Homosexual/Gay  
 Refused to answer  
 Don't know  
 Other \_\_\_\_\_

**\*G126** **Relationship Status**

- Single / Never married  
 Married or partnered  
 Married but separated  
 Divorced  
 Widowed  
 Not asked  
 Other \_\_\_\_\_  
 Refused to answer

**Insurance**

- Private \_\_\_\_\_  
 Medicaid  
 Medicare  
 VA  
 Uninsured  
 Other \_\_\_\_\_  
 Refused to answer

**HIV STATUS AND TESTING HISTORY**

**G204** **HIV test before today?**

- No (Refer to testing)  
 Yes  
 Refused to answer  
 Don't know (Refer)

**G205** **Result of prior test?**

- Positive  
 Negative  
 Refused to answer  
 Don't know (Refer)

**G206** **If negative, year of most recent test**

- \_\_\_/\_\_\_/\_\_\_  
 Don't know

**G207** **If positive, year of first positive test**

- \_\_\_/\_\_\_/\_\_\_  
 Don't know

**COMPREHENSIVE RISK COUNSELING & SERVICES**

**I would like to collect information from you to see if you are eligible for CRCS. I ask these questions of all clients. In the past 90 days,**

	No	Yes	Decline	Don't Know
Have you shared unclean works (such as needles or syringes) with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
®G211 Have you had unprotected sex with anyone (male, female, transgender)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
®G212 Have you had sex with someone whose HIV status you did not know?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
®G212 Have you had sex with someone whose HIV status you knew was different from yours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
®G213 Have you been diagnosed with Syphilis, Chlamydia, or Gonorrhea?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
®G212 Have you had sex while high on drugs or alcohol? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
®G212 Have you exchanged sex for money, drugs, shelter, etc.?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are HIV-positive and have been prescribed HIV medication, have you had trouble taking your HIV medication as prescribed by your doctor?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Agency-Specified):_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ The client answered “ **Yes** ” or “ **Don't know** ” to \_\_\_\_\_ of the questions above.

**Is client eligible for CRCS?**                       No                       Yes

**If eligible,**

Was CRCS explained to client?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Was confidentiality explained to client?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Will client participate in CRCS?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Were consent/confidentiality forms signed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Was client given a copy of the consent form?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

® **Did client enroll in CRCS?**                       No                       Yes

**If client enrolled:**

**Which language will CRCS be conducted in?**

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Cantonese
<input type="checkbox"/> Creole/French	<input type="checkbox"/> Farsi	<input type="checkbox"/> Haika	<input type="checkbox"/> Hindi	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Lao	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Russian	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Thai	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other (specify) _____		

®X703 **Was the client given a referral(s)?**  No     Yes: Name \_\_\_\_\_

**Does the client already have a case manager?**

No     Yes     Not Asked     Refused to answer     Don't know

COMPREHENSIVE RISK COUNSELING & SERVICES

If yes, what is your

Case manager's name \_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Agency \_\_\_\_\_

Other names or nickname \_\_\_\_\_

Best address for contacting client

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Can you be contacted by phone/email/other way?  Yes  No

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Pager \_\_\_\_\_

Email \_\_\_\_\_

Other (way) \_\_\_\_\_

If client did not enroll, please check all reasons that apply

- No Reason/ just didn't try/ not interested
- No time/too busy/put it off
- Did not like the agency
- Agency hours not good
- No transportation
- Fear/anxiety
- Lack of trust in provider
- Staff was rude / insensitive
- Language barrier
- Intake process too complicated
- Too much trouble / work
- Confidentiality issues
- Too ill to go
- Felt well /did not need service
- Other \_\_\_\_\_

**® Length of time client has spent with counselor? \_\_\_\_\_ Minutes**

CRCS Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_