



Data to Care Data Collection Tool			
Stateno:		DOB: (MM/DD/YYYY)	
Last Name:		First Name:	
Address Date: (MM/DD/YYYY)		Phone Number:	
Street:		City:	
County:		State:	Zip:
How person was first identified as not in care (invest_ident_method): <input checked="" type="checkbox"/> 02 – Health department integrated data system		Date identified as not in care (invest_ident_dt): 5/1/20XX	
Included for investigation (invest_incl)? <input type="checkbox"/> Yes <input type="checkbox"/> No (enter date)→		Date investigation opened (invest_start_dt):	
Disposition, care status investigation (invest_dispo): (enter date)-----→ <input type="checkbox"/> 1 – Deceased (provide date of death in comments) <input type="checkbox"/> 3 – In care <input type="checkbox"/> 2 – Resides out of jurisdiction (other state) <input type="checkbox"/> 4 – Not in care (confirmed) If selecting 2 – Resides out of jurisdiction, must confirm patient lives in that state <input type="checkbox"/> 5 – Unable to determine		Investigation disposition date (invest_dispo_dt): (must be on or after Date investigation opened)	
Basis of care status disposition (invest_dispo_method) (Check all that apply): <input type="checkbox"/> 1 – Database/record search (e.g., looking up person's record in a database or system) <input type="checkbox"/> 3 – Provider contact (e.g., spoke with patient's care provider) <input type="checkbox"/> 2 – Patient contact (e.g., actual contact with client by phone or messaging--Do NOT select this if you left a message that was not returned by client) <input type="checkbox"/> 4 – Field investigation (e.g., visit to client's home or place of work)			
Disposition, linkage or re-engagement intervention (int_dispo): Complete only if Disposition, care status investigation = 4 – Not in care (confirmed) <input type="checkbox"/> 1 – No intervention initiated <input type="checkbox"/> 2 – Linkage/re-engagement intervention declined by client <input type="checkbox"/> 3 – Returned to care before intervention was initiated (enter date)-----→ <input type="checkbox"/> 4 – Linkage/re-engagement initiated, not successfully linked to/re-engaged in care <input type="checkbox"/> 5 – Linked to/re-engaged in care, documented* (enter date)-----→ <input type="checkbox"/> 6 – Linked to/re-engaged in care, self-report (enter date)-----→ <input type="checkbox"/> 7 – Linkage/re-engagement status unknown		Date returned to, linked to, or re-engaged in care (int_dispo_dt): (must be on or after Investigation disposition date) *Examples of types of documentation: laboratory data, report from medical provider (verbal or written), medical record review, other record review, other database, ARV prescription filled or refilled.	
Updated CD4 information:			
Performing Laboratory:	Ordering Facility:	Ordering Provider: (last, first)	
Date of specimen collection: (MM/DD/YYYY)	CD4 Count:	CD4 Percent:	
Updated VL information:			
Performing Laboratory:	Ordering Facility:	Ordering Provider: (last, first)	
Date of specimen collection: (MM/DD/YYYY)	VL Result:		
Additional information:			
Evidence of Care other than CD4/VL: (e.g., ARV use (list specific drug), case management visit, etc.) and source of information (e.g., EMR):		Date of other care: (MM/DD/YYYY)	
Barriers (if applicable, list any barriers faced by client that might prevent access to care):			
Referrals (if applicable, select all that apply): <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Health Benefits Navigation and Enrollment <input type="checkbox"/> Medication Adherence <input type="checkbox"/> Social Services <input type="checkbox"/> Other _____			
Comments (Record any additional information (e.g., sex, race/ethnicity, gender, risk (if missing), death date if deceased, etc.):			