

# Application: STT22-0000000005

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See, Test and Treat 2022 Program Grant Application

## Summary

ID: STT22-0000000005

## 3 Month Post Program See, Test & Treat Outcomes Data Form

### Incomplete

To ensure that CAP Foundation staff is kept up to date on the outcomes of any patients that require further care, all grantees are being requested to provide information for the patients identified in your one month outcomes report who require additional diagnostic procedures, treatment and/or follow-up services. If no updates are available for the patients listed, please mark the outcome column as "N/A". To highlight the impact resulting from See, Test & Treat, we are requesting sites to follow patients until they are connected with the care/information they need.

## 3 Month Post Program See Test & Treat Outcomes Form

To ensure that CAP Foundation staff is kept up to date on the outcomes of any patients that require additional diagnostics or treatment, all grantees are requested to report 3 month post program outcomes data using the form below. To highlight the impact resulting from See, Test & Treat, we are requesting sites to track each patients' connection to care through treatment.

### STT Contact Information

Contact Name	(No response)
Email	(No response)
Phone Number	(No response)

### STT Institution Information

Institution Name	(No response)
Program Date	(No response)

**Patients in Need of Diagnostic Procedures, Treatment and/or Follow-Up Services - 3 months post program**

1. Describe any successes experienced by your institution in the provision of diagnostics, treatment or follow up care for your See, Test & Treat patients. What recommendations do you have for other programs based on these successes?

(No response)

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2. Describe any challenges experienced by your institution in the provision of diagnostics, treatment or follow up care for your See, Test & Treat patients. How did you address these challenges?

(No response)

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3. Grantees are being requested to provide information for the patients identified in your one month outcomes report who require additional diagnostic procedures, treatment and/or follow-up services. If no updates are available for the patients listed, please mark the outcome column as "N/A".

	Unique Patient Identifier	Date of last visit	Outcome	Any follow-up needed? If yes, provide detail
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				