

Application: STT22-0000000005

Julia Rankenburg - jranken@cap.org
See, Test and Treat 2022 Program Grant Application

Summary

ID: STT22-0000000005

6 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 additional diagnostics or treatment, all grantees are requested to report **6 month** post program outcomes data using the form below. To highlight the good impact resulting from See, Test & Treat, we are requesting sites to follow patients until they are connected with the care/information they need.

6 Month Post Program See, Test & Treat Outcomes Data Form

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 and three 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 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 - 6 months post program

1. Describe any new successes and/or provide updates on the successes identified in your 3-month report. Include any additional recommendations that would benefit other programs.

(No response)

2. Describe any new challenges and/or provide updates on the challenges identified in your 3-month report. Include any additional lessons learned that resulted from addressing these challenges.

(No response)

Grantees are being requested to provide information for the patients identified in your 3-month outcomes report who require additional diagnostic procedures, treatment and 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.				