

**Outreach (Includes Opinion Leader Models)
– Intervention Plan –
Jurisdiction Aggregate Form**

Date: _____

Complete a *separate* form for *each* primary population served by this type of intervention

[1] Jurisdiction ID: _____

[2] Intended number of outreach interventions this form describes: _____

Risk Population
Mark the risk population this form describes. If an intervention serves multiple risk populations, choose one primary and one secondary risk population. [See instructions for distinguishing between primary and secondary risk populations.]

[3a] Primary Population
 MSM
 MSM/IDU
 IDU
 Heterosexual
 Mother with/at risk for HIV
 General Public

[3b] Sub- Population (optional)
 Alcohol/Non-IDU abuse
 Homeless
 Sex Workers
 Prisoner/Detained
 Female Partners of MSMS
 Female Partners of IDUs
 Other (specify)

[4] Secondary Population (only if applicable)
 MSM
 MSM/IDU
 IDU
 Heterosexual
 Mother with/at risk for HIV
 General Public

[5] Enter the intended number of outreach interventions for this risk population provided by the following types of agencies (total should equal number in [2] above):

CBO - Minority Board _____	State Health Department _____	Academic Institution _____	Other Social Service Agency _____
CBO - Non-Minority Board _____	Local Health Department _____	Research Center _____	Other (please specify) _____
Faith Community _____	Other Government _____	Individual _____	
Community Planning Group _____	Other Collaborative Group _____		
		Total	_____

[6a] Intended clients served § (M=male; F=female; T=transgender; U=unknown)	<14 years				14-19 years				20-29 years				30-39 years				40-49 years				50+ years				Not targeted by age				TOTAL
	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	
American Indian or Alaska Native																													
Asian																													
Black or African American																													
Native Hawaiian or Other Pacific Islander																													
White																													
More Than One Race																													
Race Not Targeted/Other																													
TOTAL																													

§ The minimum data required for this report are the totals contained in the double-lined boxes at the far right end of the table above. Completing the other cells is optional but encouraged/

Outreach—Intervention Plan Jurisdiction Aggregate P. 2

[6b] Intended clients served (continued)	<14 years				14-19 years				20-29 years				30-39 years				40-49 years				50+ years				Not targeted by age				TOTAL
	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	M	F	T	U	
<i>Hispanic or Latino</i>																													
<i>Not Hispanic or Latino</i>																													
<i>Ethnicity Not Targeted</i>																													
TOTAL																													

§ The minimum data required for this report are the totals contained in the double-lined boxes at the far right end of the table above. Completing the other cells is optional but encouraged.

THE REMAINDER IS OPTIONAL INFORMATION FOR THE INTERVENTION PLAN

[7] Enter the intended number of clients receiving outreach in each of the following settings:			
AIDS Service Org/CBO _____	Community Setting _____	Clinic/Health Care Facility _____	
HIV Counseling & Testing _____	STD Clinic _____	Drug Treatment Facility _____	
Correction/Detention _____	School/Educational _____	Other Social Service Agency _____	
Other _____			

[8] Intervention Episodes:	
Total intended # Outreach Contacts	
Intended Number of HIV Prevention Materials/Items Distributed: Complete all that apply; enter number in space.	
Condoms	
Safer Sex Kits	
Promotional Items	
Bleach Kits/Safer Injection Kits	
Brochures/Informational Materials, Etc.	
Other _____	

THE FOLLOWING INFORMATION IS OPTIONAL FOR THE INTERVENTION PLAN

**Outreach—Intervention Plan
Jurisdiction Aggregate P. 3**

[9] Intervention Characteristics and Objectives

Goal(s)
a)
b)
Outcome and Process Objectives:
a)
b)
c)
d)
e)
f)
g)

Intended Number of Referrals: (Complete all that apply; enter # in space).		
STD Clinics		Government/Entitlement Programs
HIV Counseling & Testing		Job Skills/Acquisition
Tuberculosis Clinics		Counseling/Social Services
Drug/Alcohol Assessment/Treatment		Financial Assistance
Family Planning		Food/Clothing
Mental Health		Housing/Shelter
HIV Early Detection		HIV Partner Notification
Medical Services		Case Management
Dental Services		

Evaluation System:

Type of Evaluation: [check all that apply]
<input type="checkbox"/> Process Evaluation
<input type="checkbox"/> Outcome Evaluation
<input type="checkbox"/> Impact Evaluation
<input type="checkbox"/> Other _____

Evaluator: [check all that apply]
<input type="checkbox"/> Project Supervisory Staff
<input type="checkbox"/> Project Implementation Staff
<input type="checkbox"/> Outside Evaluator
<input type="checkbox"/> Other _____

Proposed Implementation System: Monitoring and Evaluation

Monitoring System
Key elements of the monitoring system:
WHO: What type of staff will monitor the project?
HOW: How and how often will monitoring data be collected?
WHERE: Where will monitoring data be collected?

CONTINUE WITH OTHER COLORED SHEETS IF PROPOSED PROJECT HAS OTHER TYPES OF INTERVENTIONS INVOLVED.