

**APPENDIX F7**

**SAPTA TB/HIV MONTHLY REPORT FORM**

Provider Name:	Report Date:
Grant Number:	Month Reported:
Program Manager:	Data Collection:

Facility:	# of Calls	# of Visits	# of Individuals Served	# of Tests		# Counseling Sessions	# Referrals
Location:				Positive	Negative		
TB							
HIV							
# of extra persons in lectures:			# of clients taking both HIV and TB tests:				
Brief Narrative:							

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**Instructions for Completing  
Monthly TB/HIV Activity Report  
Substance Abuse Prevention & Treatment Agency (SAPTA)**

**Provider Name:** Enter the name of the Provider for which the report applies as it appears on the Notice of Sub-Grant Award.

**Report Date:** Enter the date the report is completed.

**Grant Number:** Enter the grant number for the provider for which the report applies as it appears on the Notice of Sub-Grant Award.

**Month Reported:** Enter the date of the last day of the calendar month for which the report applies.

**Signature of Responsible Person:** The person responsible for the timely and accurate submission of the report should sign the report. This would be the one person that Agency staff would contact if there were questions about the report.

**Name of Responsible Person:** The name of the person signing the report should be printed or typed on this line.

**Activity Count:** This is the area of the report where the number of occurrences or frequency of each activity is entered. The one exception is for the column for individuals served.

**Location:** Enter name of the location where the activity being reported was conducted. This location should correspond to the location identified in each provider's Scope of Work. There is a reporting area for each location. Providers that provide services in more than one location should label the last reporting area "Total". In the last location that has been marked "Total", enter the total of the services provided at all locations in the respective cell.

**Visits:** The number of times the organization providing TB/HIV services visited the location site.

**TB/HIV:** In each reporting area, there is a line for reporting TB activity and a line for reporting HIV activity. On each line enter the number of each activity that occurred during the reporting period as follows:

**Individuals Served:** Enter the unduplicated count of individuals that received TB services during the reporting period and the unduplicated count of individuals that received HIV services during the reporting period. For example, if a person is tested for TB and also receives counseling, that person would be counted in the testing column and in the counseling column, but would only be counted once on the TB line in the "Individuals Served" column. If this same person is also tested for HIV, they would also be counted once in the "Tests" column and once in the "Individuals Served" column on the HIV line. An individual would not be counted more than once in the "Individuals Served" column of each line. They would be counted under

“Individuals Served” on; the TB line and the HIV line if they received services in both categories.

**Tests:** The number of positive tests and the number of negative tests conducted at the location site.

**Counseling Sessions:** The number of counseling sessions conducted for TB or HIV at the location site.

**Referrals:** The number of referrals to other organizations for TB or HIV related activities.

**Page 1 of \_\_\_\_\_:** Enter the number of pages submitted at the bottom of the page. If the number of locations being reported exceeds the number of reporting areas on a page, add additional pages to the report. For example, if three pages are submitted there will be pages labeled Page 1 of 3, Page 2 of 3, Page 3 of 3. It is not necessary to sub-total activity on each page.

**Due Date:** This report is due 15 days following the end of the month for which activities are being reported. For example, the report for services provided during the month of April, would be due by May 15<sup>th</sup>.

**Fax or Mail Address:** Send reports to fax number (775) 684-4185 or mail it to the SAPTA, 4126 Technology Way, 2<sup>nd</sup> Floor, Carson City, Nevada 89706.