PEER NAVIGATION CHECKLIST (FOR CAREWARE)

Rev 10-17-16

DATE: ____/_____/_____ P Number: _____ Client URN: _____

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CLIENT INFORMATION

Select one: ☐ Intake ☐ Reassessment

Preferred Name: _____(First name) _____ (Last name) Preferred Pronoun/s: _____

Legal Name: _____(First name) _____ (Last name)

DOB: ___/___/___ Assigned Sex at Birth: ☐Male ☐Female Race: _____ Ethnicity: ☐Latino ☐Not Latino

Gender Identity: ☐ Male ☐ Female ☐Transgender – (circle one) MtF / FtM Other:_____

Sexual Orientation **(select all)**: ☐Lesbian ☐Gay ☐ Same Gender Loving ☐Queer

☐ Bisexual ☐ Straight/Heterosexual ☐Don't Know ☐ Declined Other: _____

Client has health insurance? ☐Yes ☐ No ☐Doesn't know	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No

SEVERITY OF SERVICE NEED [1=Minimal to no need, 4=Extreme need]

Basic Needs ☐1 ☐2 ☐3 ☐4 ☐NA	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No
Housing ☐1 ☐2 ☐3 ☐4 ☐NA	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No
Transportation ☐1 ☐2 ☐3 ☐4 ☐NA	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No
Financial Resources ☐1 ☐2 ☐3 ☐4 ☐NA	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No
Medical Care ☐1 ☐2 ☐3 ☐4 ☐NA	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No
Hearing ☐1 ☐2 ☐3 ☐4 ☐NA	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No
Vision ☐1 ☐2 ☐3 ☐4 ☐NA	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No
Dental/Oral ☐1 ☐2 ☐3 ☐4 ☐NA	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No
Mental Health ☐1 ☐2 ☐3 ☐4 ☐NA	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No
Addiction/Substance Abuse ☐1 ☐2 ☐3 ☐4 ☐NA	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No
Knowledge of HIV/STIs ☐1 ☐2 ☐3 ☐4 ☐NA	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No
Support ☐1 ☐2 ☐3 ☐4 ☐NA	Referred? ☐Yes ☐ No	Linked? ☐ Yes ☐ No

DATE: ____/_____/_____ P Number: _____ Client URN: _____
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REASONS FOR NON-LINKAGE Indicate the service and related reason.

RISK REDUCTION INTERVENTIONS & NAVIGATION CHECKLIST

Provided/Linked to behavioral risk reduction counseling or intervention

IWES	☐ Community Promise		
CrescentCare	☐ MPowerment	☐ CLEAR	☐ Couples HIV Counseling/Testing
	☐ Every Dose/Every Day	☐ Linkage to Care	
Brotherhood	☐ Many Men Many Voices (3MV)	☐ Safe in the City	
	☐ CLEAR	☐ SUSTA t SISTA	