RYAN WHITE PART A – CLEVELAND TGA

SERVICE PROVIDER SEMI-ANNUAL REPORT

The Ryan White Part A Cleveland TGA Service Provider Semi-Annual Reports must be submitted to the grantee's office by September 30, 2018 and March 31, 2019. Please use the following information when completing your report.

- Please complete the report in Word format and submit it electronically via e-mail to Melissa Rodrigo at mrodrigo@ccbh.net by the date listed above. Please do not submit handwritten or PDF versions.

- Please separate your responses by funded service category for the Program Accomplishments (1), Program Challenges (2) and EIIHA (3) sections of the report.

- Please be accurate in your client and unit numbers. We should be able to match these numbers with the information that was entered into CAREWare.

- When completing the technical assistance needs section, please describe any program or fiscal assistance that you would like to receive from the grantee in the coming months.

Some of the information that you include on this report may be used in the Grantee Annual Report sent to HRSA or provided to Planning Council, therefore, please be accurate and detailed in your responses. Should you have any questions regarding the semi-annual program report please do not hesitate to contact our office.

Thank you for your hard work throughout this grant year and for all of the great work that you do.

RYAN WHITE PART A – CLEVELAND TGA

SERVICE PROVIDER SEMI-ANNUAL REPORT

Provider:

Date:

Funded Service Category/ies:

Individual Responsible for Report:

Contact Information for Responsible Party:

☐ Mid-Year: March 1 – August 31
(Must be submitted by September 30, 2018)

☐ Year-End: September 1 – February 28
(Must be submitted by March 31, 2019)

1. **Please describe any and all program accomplishments by funded service category:**
   (Separate responses by funded service category)

2. **Please describe any and all program challenges by funded service category:**
   (Separate responses by funded service category)

3. **Please describe the strategies your program used to address the Early Identification of Individuals with HIV/AIDS (EIIHA) target populations by Service Category:**
   (Separate responses by funded service category)

4. **Please provide us with the most current active case load numbers by FTEs funded through the following categories and total unduplicated count served in the reporting period:**
   - **Early Intervention Services (EIS)**
   - **Medical Case Management**
   - **Non-medical Case Management**
   - **Outreach Services**

5. **Please describe how long a client has to wait before obtaining an appointment? Do you have a wait list?** (Separate responses by funded service category)

6. **Please provide a progress updated on your agencies current Viral Load Suppression Quality Improvement (QI) Project.**

7. **Please identify any CAREWare, RSR, or Fiscal Needs/Concerns your agency has at this time:**

8. **Please identify any technical assistance needs your agency has at this time:**

Attachments:

☐ Customer Satisfaction Materials   ☐ Agency Quality Assurance Summaries   ☐ Agency Outcomes Data
☐ Other – Please describe