**Ryan White Part B Base Programmatic Report**

**Time Period**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Person Completing Report**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Unduplicated numbers served:**   |  |  | | --- | --- | | **Male** |  | | **Female** |  | | **Transgender** |  | |  |  | | **Total** |  |   **Race:**  **Non-Hispanic Hispanic**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **American Indian** |  |  | **American Indian** |  | | **Asian** |  |  | **Asian** |  | | **Black** |  |  | **Black** |  | | **Native Hawaiian** |  |  | **Native Hawaiian** |  | | **White** |  |  | **White** |  | | **More than 1 race** |  |  | **More than one race** |  | | **Unknown** |  |  | **Unknown** |  | |  |  |  |  |  | | **Total** |  |  | **Total** |  |   **Age**   |  |  | | --- | --- | | **<2** |  | | **2-12** |  | | **13-24** |  | | **25-44** |  | | **45-64** |  | | **65+** |  | |  |  | | **Total** |  |  |  |  |  | | --- | --- | --- | | **Total number of new clients:** |  |  |   **Service Categories Unduplicated Visits Service Units**   |  |  |  | | --- | --- | --- | | **Outpatient Ambulatory Medical Care/Outpatient Ambulatory Health Services** |  |  | | **AIDS Pharmaceutical Assistance (For approved sub-recipients only. Otherwise, use EFA for medications.)** |  |  | | **Oral Health Care** |  |  | | **Early Intervention Services (EIS)** |  |  | | **Health Insurance Premium and Cost Sharing Assistance** |  |  | | **Medical Nutrition Therapy** |  |  | | **Hospice Service** |  |  | | **Home and Community-Based Health Services (inc. Rehabilitation Services)** |  |  | | **Mental Health Services** |  |  | | **Substance Abuse Outpatient Care** |  |  | | **Medical Case Management (inc. Treatment Adherence Services)** |  |  | | **Non-Medical Case Management Services** |  |  | | **Emergency Financial Assistance (EFA)** |  |  | | **Food Bank/Home Delivered Meals** |  |  | | **Health Education/Risk Reduction** |  |  | | **Housing** |  |  | | **Linguistic Services** |  |  | | **Medical Transportation** |  |  | | **Other Professional Services (inc. Legal Services and Permanency Planning)** |  |  | | **Outreach Services** |  |  | | **Psychosocial Support Services** |  |  | | **Referral for Health Care and Support Services** |  |  | | **Respite Care** |  |  | | **Substance Abuse Services (Residential)** |  |  |   **Programmatic Narrative:**  **Please provide narrative descriptions of the following:** | | | | | |
| 1. New services added/deleted | |  |  |  |  |
| 2. New access points to care/services | | |  |  |  |
| 3. Accomplishments | |  |  |  |  |
| 4. Barriers |  |  |  |  |  |
| 5. Early Identification of Individuals with HIV/AIDS (EIIHA) Initiatives Update | |  |  |  |  |