

Form 1a. CommLink Eligibility

Client met with Expert Client? Yes No

A. Client Information

Test Date: / /	Inkhundla Where Tested:	HTS Event Type (<i>Tick</i>): <input type="checkbox"/> HBHTC <input type="checkbox"/> Outreach <input type="checkbox"/> Index client testing	Target Population (<i>Tick</i>): <input type="checkbox"/> Standard CommLink <input type="checkbox"/> Dreams Men <input type="checkbox"/> Other _____	Clinical Services (<i>Tick</i>): <input type="checkbox"/> Mobile Unit <input type="checkbox"/> Tent <input type="checkbox"/> Other _____	EC ID:	
HTC Number: _____	National ID Number: _____	Client Name: _____		Sex (<i>Tick</i>): <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: _____	HTC-C ID: _____

Instructions:

- **Expert Client:** Meet and complete this form on all HIV-positive clients (including clients already known to be ineligible).
- **HTC Counselor:** If an HIV-positive client does not meet an EC, complete Section A. Client Information **only**.

B. Client Background

1. Ever previously tested HIV-positive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF "No" → Box C
2. Attended an HIV care facility in past 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

C. Classification & Referral (*tick one box below*)

<u>Section B Answers</u>	<u>Diagnosis Category</u>
1. <input type="checkbox"/> If #1 = "YES" and #2 = "YES" →	Prior HIV diagnosis, in-care
2. <input type="checkbox"/> If #1 = "YES" and #2 = "NO" →	Prior HIV diagnosis, not in care
3. <input type="checkbox"/> If #1 = "NO" →	New HIV diagnosis

D. Linkage Program

Eligibility & Participation Status (<i>tick one - first applicable box</i>):	
1. Not eligible: Prior HIV diagnosis, currently in HIV care:	<input type="checkbox"/> Yes
2. Not eligible: Referred to facility outside of CommLink area:	<input type="checkbox"/> Yes
3. Not eligible:	<input type="checkbox"/> Lives in other country <input type="checkbox"/> Mentally unstable <input type="checkbox"/> Other: _____
4. Eligible: Refused to participate in CommLink:	<input type="checkbox"/> Yes → Linkage Supervisor follow-up
5. Eligible: Consented to linkage program (prior HIV diagnosis, not in care):	<input type="checkbox"/> Yes → Assign Program ID
6. Eligible: Consented in linkage program (new HIV diagnosis):	<input type="checkbox"/> Yes → Assign Program ID

E. Client Follow-Up (*to be completed by Linkage Supervisor if client did not meet an EC or refused to participate*)

1. Linkage Supervisor contacted client:	<input type="checkbox"/> No - no contact number or no answer. [IF NO, THEN STOP] <input type="checkbox"/> Yes - spoke with client successfully.
2. Outcome of successful contact:	<input type="checkbox"/> Refused to Participate [Complete B, C, D] <input type="checkbox"/> Client not eligible [Complete B, C, D] <input type="checkbox"/> Consented to Participate [Complete B, C, D and Assign client to an EC]

Linkage Program ID: <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Consent Date: __/__/__
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