

PLACE BARCODE HERE

CLUB 1509 Eligibility & PrEP Assessment

Agency ID: Site ID: Intervention ID:

Date of Test: Tester Name (First & Last):

Year of birth: State: County: ZIP Code:

Sex at birth: ☐ Male ☐ Female ☐

Gender: ☐ Male ☐ Female ☐ Transgender (M-F) ☐ Transgender (F-M) ☐

Do you identify as gay, a man who has sex with men, lesbian, bisexual, or queer? ☐ No ☐ Yes

Are you Hispanic or Latino? ☐ No ☐ Yes (Mexican, Puerto Rican, Cuban, Dominican, Other)

What is your race? ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐

Instructions:

Ask each question in order and check the corresponding answers. Follow the instructions next to each applicable answer and only skip questions where instructed.

Question	Answer & Action Step
1. When was the last time you were tested for HIV?	<input type="checkbox"/> Never HIV Test & Skip to Q.3 <input type="checkbox"/> Over 5 years ago HIV Test, proceed to next question <input type="checkbox"/> Over 1 year ago HIV Test, proceed to next question <input type="checkbox"/> About 1 year ago HIV Test, proceed to next question <input type="checkbox"/> About 6 months ago HIV Test, proceed to next question <input type="checkbox"/> About 3 months ago HIV Test, proceed to next question <input type="checkbox"/> Tested in the past 3 months HIV Test, proceed to next question
2. What was the result of that test?	<input type="checkbox"/> Positive Finish Assessment & Send to Navigator. If Navigator is not present, link to HIV care. <input type="checkbox"/> Negative Proceed to next question <input type="checkbox"/> Unknown/Indeterminate Proceed to next question
3. Do you feel that you have had an exposure to HIV within the last 72 hours through either of the following:	<input type="checkbox"/> Unprotected sex/condom broke with HIV positive person or someone of unknown HIV status nPEP referral, proceed to next question <input type="checkbox"/> Sharing of needles/works nPEP referral, proceed to next question <input type="checkbox"/> No to the above proceed to next question
4. Approximately how many people have you had anal or vaginal sex with in the past 12 months?	<input type="checkbox"/> 0 Skip to Question 7 <input type="checkbox"/> 1 Proceed to next question <input type="checkbox"/> 2 or more PrEP Referral, proceed to next question

5. About how often do you use condoms when you have anal or vaginal sex?	<input type="checkbox"/> Never PrEP Referral, proceed to next question <input type="checkbox"/> Rarely PrEP Referral, proceed to next question <input type="checkbox"/> Sometimes..... PrEP Referral, proceed to next question <input type="checkbox"/> Almost Always Proceed to next question <input type="checkbox"/> Always Proceed to next question
6. Are you having sex with someone who you know is living with HIV?	<input type="checkbox"/> Yes PrEP Referral, proceed to next question <input type="checkbox"/> No Proceed to next question <input type="checkbox"/> Don't Know..... Proceed to next question
7. Have you tested positive for any of the following STDs in the past 12 months? (Please choose all that apply)	<input type="checkbox"/> Chlamydia..... PrEP Referral, proceed to next question <input type="checkbox"/> Gonorrhea PrEP Referral, proceed to next question <input type="checkbox"/> Syphilis..... PrEP Referral, proceed to next question <input type="checkbox"/> No to the above proceed to next question
8. Have you ever had sex for money, drugs or something else you need?	<input type="checkbox"/> Yes PrEP Referral, proceed to next question <input type="checkbox"/> No Proceed to next question <input type="checkbox"/> Don't Know..... Proceed to next question
9. Have you injected drugs not prescribed by a doctor in past 12 months?	<input type="checkbox"/> Yes Proceed to next question <input type="checkbox"/> No End Assessment and complete HIV test <input type="checkbox"/> Don't Know..... End Assessment and complete HIV test
10. Have you ever shared needles or works (syringe, water, spoons, filters, cotton, etc.)?	<input type="checkbox"/> Yes PrEP referral, complete HIV test <input type="checkbox"/> No End Assessment and complete HIV test

HIV Test Result

☐ Positive/Reactive
☐ Negative
☐ Indeterminate
☐ Invalid

Instructions:

Please check all applicable boxes below. Clients should be offered CLUB 1509 if they meet ANY 2 of the following criteria. If there are any high risk persons that do not meet two of the criteria below but may be appropriate for these services they can be offered CLUB 1509.

☐ MSM
☐ Black/African American, Hispanic/Latino
☐ Transgender
☐ Eligible for PrEP

Note: All CLUB 1509 services are available to persons regardless of age, gender, race, ethnicity, sexual orientation, gender identity, or socio-economic status.

“Based on the answers you provided, you are eligible to join CLUB 1509. CLUB 1509 is a new short-term service mainly to help Men who have Sex with Men and Trans persons of Color stay healthy. CLUB 1509 can help you get services like education, job training, and medical insurance. Would this be something you are interested in?”

Was the client offered Navigation Services? ☐ Yes ☐ No

Did the client accept Navigation Services? ☐ Yes ☐ No

Was the client referred to Navigation? ☐ Yes ☐ No

If Navigation services were declined please explain why:

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DO NOT RETURN TO AACO

Contact Information Sheet

**Please fill out form ONLY if client agrees to navigation. Once complete
give the form to 15-1509 Navigator or Navigator Assistant.**

Client Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Alt. #: _____ ok to leave msg: Yes / No

Email/Facebook/Instagram: _____ Permission to Contact: Yes / No

Preferred method and time of contact: _____

Emergency contact name: _____

Emergency contact Phone #: _____ Permission to Contact: Yes / No

Client linked to Navigation Team: Yes / No

If Navigation team not available, appointment made with Navigation Team: Yes / No

Notes: