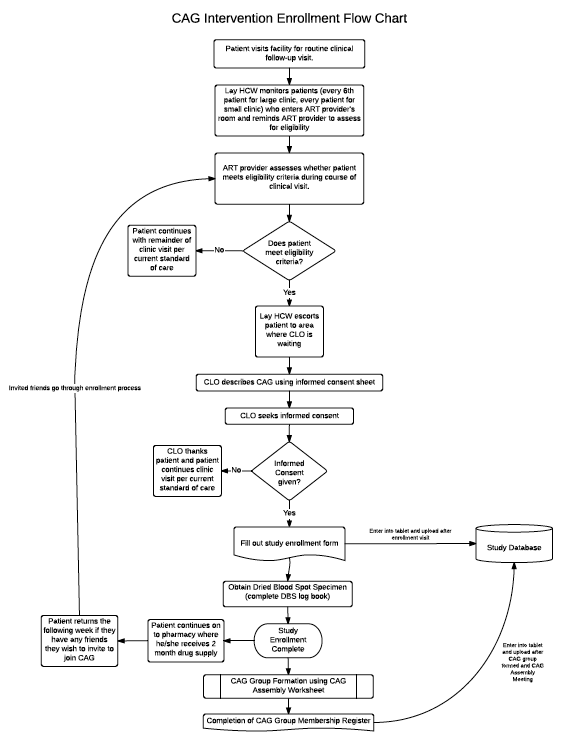
**CAG Model of Care Enrollment Form**

**Part 1: General**

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|  |  |
| 3. | Date of enrollment (DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ |
| 4. | Enrolled by: |
| 5. | Clinic Name: |
| 6. | Patient First Name: |
| 7. | Patient Surname: |
| 8. | ART ID: |
| 9. | Sex (M/F): |
| 10. | Date of Birth (DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ |
| 11. | Patient Mobile Number 1: |
| 12. | Patient Mobile Number 2: |

**Part 2: CAG Model**

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| --- | --- | --- | --- |
| 1. | What type of enrollment is this?  🞏 Patient was invited to participate by clinic staff (Go to Question 2)  🞏 Patient was invited to participate by someone who is already enrolled in a CAG (Do not answer Question 2. SKIP to Question 3) | | |
| 2. | a. | If patient was invited by clinic staff, ask the patient*:* ***To enter this program, people with HIV need to be on ARVs for at least 6 months AND feel healthy. Do you have any friends in your community that you think meet these requirements AND whom you would like to invite to be in a CAG with you?***  🞏 Yes 🞏 No | |
|  |  | ii. | If yes, then ask the patient: ***Can you tell me how many people you think you might invite?***  \_\_\_\_\_\_\_\_\_\_ Number of people |
| 3. | Ask the patient: ***Can you describe how to get to your house from clinic?***  Please provide very detailed directions on how to reach the patient's house from the clinic  **DESCRIPTION:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **MAP:** | | |
| 4 | Based on the patient’s description, what is the name of the neighborhood this patient lives in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 5. | Ask the patient: ***What name do you go by in your neighborhood? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | |

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