

**DC Department of Health – HIV/AIDS, Hepatitis, STD, Tuberculosis Administration:
Care and Treatment Division
Ryan White Part A Minority AIDS Initiative Youth Reach
Monthly Narrative Report Template**

Organization: [Click here to enter text.](#)

Grant #: [Click here to enter text.](#)

Grant Program: Ryan White Part A Minority AIDS Initiative (MAI)

Month/Year /Quarter:

Name of Submitter: [Click here to enter text.](#)

Date of Submission:

Program Officer: [Click here to enter text.](#)

Grant Monitor: [Click here to enter text.](#)

SERVICE STATISTICS

Outpatient/Ambulatory Health Services - MAI

Customer Targets Met: YES NO

Service Targets Met: YES NO

Medical Case Management - MAI

Customer Targets Met: YES NO

Service Targets Met: YES NO

Mental Health - MAI

Customer Targets Met: YES NO

Service Targets Met: YES NO

Early Invention Services - MAI

Customer Targets Met: YES NO

Service Targets Met: YES NO

Substance Abuse Outpatient Care - MAI

Customer Targets Met: YES NO

Service Targets Met: YES NO

Psychosocial Support Services - MAI

Customer Targets Met: YES NO

Service Targets Met: YES NO

Non- Medical Case Management - MAI

Customer Targets Met: YES NO

Service Targets Met: YES NO

Medical Transportation - MAI

Customer Targets Met: YES NO

Service Targets Met: YES NO

CAREWare SUBMISSION: YES NO

EXPENDITURES/FISCAL REPORT

Invoice Submitted: YES NO

Over- or Under-Spending: YES NO

If service targets were not met, please explain. Expand by service category as needed.

[Click here to enter text.](#)

If yes to over- or under-spending, expand by line item in the budget, and include plans to address.

[Click here to enter text.](#)

PROGRAM IMPLEMENTATION PROGRESS TO DATE

Please separate program narrative by service categories.

CHALLENGES TO SERVICE DELIVERY

Describe any challenges to service delivery and include plans for addressing them.

[Click here to enter text.](#)

PERSONNEL

Any changes in personnel this month? YES NO If yes, please complete the information below.

Include contact information (name, title, mailing address, email, and telephone) for each new staff person.

REMEDICATION / CORRECTIVE ACTION

Include update regarding any open remediation/corrective actions, as needed.

TECHNICAL ASSISTANCE

Request of technical assistance if any.

HIV CASE REPORTS

The number of HIV-positive cases reported to the Department of Health during this month.

ADDITIONAL INFORMATION

Any additional information to report.