DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

**HIV/AIDS, Hepatitis, STD and
TB Administration**

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

Organization: Click here to enter text.

Grant #: Click here to enter text.

Grant Program: Ryan White Part A ☐

Month/Year /Quarter:

Name of Submitter: Click here to enter text.

Date of Submission:

Program Officer:

Grant Monitor: Click here to enter text.

SERVICE STATISTICS

Medical Care Coordination-
Outpatient Ambulatory Care Services
Customer Targets Met: ☐ YES   ☐ NO
Service Targets Met: ☐ YES   ☐ NO

Medical Case Management
Customer Targets Met: ☐ YES   ☐ NO
Service Targets Met: ☐ YES   ☐ NO

Non-Medical Case Management
Customer Targets Met: ☐ YES   ☐ NO
Service Targets Met: ☐ YES   ☐ NO

Psychosocial Support Services
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.

REMEDIATION / 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.