Minority AIDS Initiative (MAI)
Client Contact Reporting Form

Outreach Worker: _____ Total # of Clients: _____

County/LHJ: _____ Total # of Contacts: _____

Reporting Month: _____ Date Form Completed: _____

Client's Identification Number	Running Total of Contacts During The Month By Service Category		Total # of Contacts This Month
	OUTREACH	TREATMENT EDUCATION (if applicable)	
Example: 123456	IIII	II	*6*
TOTALS:			

FAX completed form to Matthew Willis at (916) 449-5959 or email at matthew.willis@cdph.ca.gov. Matthew's direct number is (916) 449-5797. Any incomplete forms will be returned. Thank you!

Questions should be directed to (1) Toni Post at (916) 449-5970 or email toni.post@cdph.ca.gov or (2) Carol Russell at (916) 449-5962 or email carol.russell@cdph.ca.gov.