

Linking ID type: (mark one)

C&T client # (OAID) ARIES # No OC linking ID **Linking ID#:**

HTF ID # OC Form # **Partner #:**

RRA client # Other: _____

Initiating Provider Information

Date PIF initiated: (mm/dd/yyyy)

Counselor ID:

Agency contact/phone number: _____

Notification type:
 Anonymous Third Party Notification
 Dual Notification Session

Partner Identifying Information

Staff interviewing the index client for partner elicitation use the "I" column when interviewing the index client; staff conducting the partner notification use the "V" column to verify that information with the partner. For **Date of birth, Age, and/or First letter of last name**, write in any changed "V" values in the space below the item(s).

<p>Current gender identity: (mark one <input checked="" type="checkbox"/>)</p> <p>I V</p> <p><input type="checkbox"/> <input type="checkbox"/> (1) Male</p> <p><input type="checkbox"/> <input type="checkbox"/> (2) Female (indicate if pregnant and in care below)</p> <p><input type="checkbox"/> <input type="checkbox"/> (3) Transgender: male to female</p> <p><input type="checkbox"/> <input type="checkbox"/> (4) Transgender: female to male</p> <p><input type="checkbox"/> <input type="checkbox"/> (5) Other identity, specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> (8) Client does not know</p> <p><input type="checkbox"/> <input type="checkbox"/> (9) Declined to answer</p> <p><input type="checkbox"/> <input type="checkbox"/> (7) Not asked</p> <p>If female, is partner pregnant? I V</p> <p><input type="checkbox"/> <input type="checkbox"/> (1) Yes <input type="checkbox"/> <input type="checkbox"/> (0) No <input type="checkbox"/> <input type="checkbox"/> (8) Don't know</p>	<p>Race/ethnicity: (mark all that apply <input checked="" type="checkbox"/>)</p> <p>I V</p> <p><input type="checkbox"/> <input type="checkbox"/> (1) Black/African American</p> <p><input type="checkbox"/> <input type="checkbox"/> (1) American Indian/Alaska Native</p> <p><input type="checkbox"/> <input type="checkbox"/> (1) Asian (specify): _____</p> <p><input type="checkbox"/> <input type="checkbox"/> (1) Native Hawaiian/Pacific Islander (specify): _____</p> <p><input type="checkbox"/> <input type="checkbox"/> (1) Hispanic/Latino(a) (specify): _____</p> <p><input type="checkbox"/> <input type="checkbox"/> (1) White</p> <p><input type="checkbox"/> <input type="checkbox"/> (1) Client does not know</p> <p><input type="checkbox"/> <input type="checkbox"/> (1) Declined to answer</p> <p><input type="checkbox"/> <input type="checkbox"/> (1) Not asked</p>	<p>I V Date of birth: (mm/dd/yyyy) <input type="text"/> <input type="text"/></p> <p>Age: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
		<p>I V</p> <p><input type="checkbox"/> <input type="checkbox"/> First letter of last name: <input type="text"/></p>

City: _____ **State:** _____ **Zip code:** _____

Additional Identifying Information

Exposure Information

Date of first exposure: (mm/yyyy)

Date of last exposure: (mm/yyyy)

Number of exposures: Total Daily
 Weekly Monthly

Type of exposure: (mark all that apply) (1) Sexual (1) Needle-sharing **Was partner referred as part of a social network/cluster?** (1) Yes (0) No

Additional Notes
