

## 340B Pre-Screening Questionnaire

| SECTION A: GENERAL INFORMATION  |  |  |
|---|--|--|
| <b>Organization:</b>  | Name:<br>Street Address<br>Phone:<br>Website:  |  |
| <b>Point of Contract for your organization:</b>   | Name:<br>Street Address:<br>Phone: <span style="float: right;">Fax:</span><br>Email: <span style="float: right;">URL:</span> |  |
| <b>Previous 340B Subrecipient? If yes, provide dates.</b>   | <input type="checkbox"/> Yes _____ to _____ <input type="checkbox"/> No  |  |
| SECTION B: ORGANIZATION INFORMATION   |  |  |
| Type of organization (check all that apply):  |  |  |
| <input type="checkbox"/> University <span style="margin-left: 100px;"><input type="checkbox"/> Government Entity</span> <span style="margin-left: 100px;"><input type="checkbox"/> Foundation</span><br><input type="checkbox"/> Non-Profit Org <span style="margin-left: 100px;"><input type="checkbox"/> For Profit Org</span> <span style="margin-left: 100px;"><input type="checkbox"/> Other: _____</span>   |  |  |
| Facility Type (check all that apply):   |  |  |
| <input type="checkbox"/> HIV Counseling/Testing Site <span style="margin-left: 100px;"><input type="checkbox"/> STD Clinic</span> <span style="margin-left: 100px;"><input type="checkbox"/> Drug Treatment</span><br><input type="checkbox"/> Private MD/HMO <span style="margin-left: 100px;"><input type="checkbox"/> Correctional Facility/Jail</span> <span style="margin-left: 100px;"><input type="checkbox"/> Prenatal</span><br><input type="checkbox"/> Job Corps <span style="margin-left: 100px;"><input type="checkbox"/> Mental Health services</span> <span style="margin-left: 100px;"><input type="checkbox"/> School-Based Clinic</span><br><input type="checkbox"/> Other: _____ |  |  |
| SECTION C: POPULATIONS SERVED:  |  |  |
| Age (check all that apply):   |  |  |
| <input type="checkbox"/> Children/Youth (<12) <span style="margin-left: 100px;"><input type="checkbox"/> Adolescents (12-17)</span> <span style="margin-left: 100px;"><input type="checkbox"/> Young Adults (18-24)</span><br><input type="checkbox"/> Adults (25-59) <span style="margin-left: 100px;"><input type="checkbox"/> Seniors (60+)</span>   |  |  |
| Race/Ethnicity (check all that apply):  |  |  |
| <input type="checkbox"/> White, non-Hispanic <span style="margin-left: 100px;"><input type="checkbox"/> Black, non-Hispanic</span> <span style="margin-left: 100px;"><input type="checkbox"/> Hispanic</span><br><input type="checkbox"/> American Indian/Alaskan Native <span style="margin-left: 100px;"><input type="checkbox"/> Asian/Hawaiian/Pacific Islanders</span> <span style="margin-left: 100px;"><input type="checkbox"/> Other: _____</span>  |  |  |
| Special Populations (check all that apply):   |  |  |
| <input type="checkbox"/> HIV+ <span style="margin-left: 100px;"><input type="checkbox"/> Drug use/IDU populations</span> <span style="margin-left: 100px;"><input type="checkbox"/> LGBTQ populations</span><br><input type="checkbox"/> Sex Workers <span style="margin-left: 100px;"><input type="checkbox"/> Other: _____</span>   |  |  |
| SECTION D: SERVICES PROVIDED  |  |  |
| Harm Reduction (check all that apply):  |  |  |
| <input type="checkbox"/> Syringe Exchange <span style="margin-left: 100px;"><input type="checkbox"/> Naloxone Distributions</span> <span style="margin-left: 100px;"><input type="checkbox"/> Fentanyl Test Strip Distribution</span><br><input type="checkbox"/> Risk Assessment/Counseling <span style="margin-left: 100px;"><input type="checkbox"/> Condom Distribution</span> <span style="margin-left: 100px;"><input type="checkbox"/> Other: _____</span>   |  |  |
| Hepatitis (check all that apply):   |  |  |
| <input type="checkbox"/> Hepatitis Screening <span style="margin-left: 100px;"><input type="checkbox"/> Hepatitis B Case Management</span> <span style="margin-left: 100px;"><input type="checkbox"/> Hepatitis C Treatment</span><br><input type="checkbox"/> Hepatitis Vaccines   |  |  |
| HIV (check all that apply):   |  |  |
| <input type="checkbox"/> HIV Testing <span style="margin-left: 100px;"><input type="checkbox"/> HIV Test Education</span> <span style="margin-left: 100px;"><input type="checkbox"/> HIV Referrals</span><br><input type="checkbox"/> HIV Case Management <span style="margin-left: 100px;"><input type="checkbox"/> HIV Prevention (PEP and PrEP)</span>   |  |  |



**Service Locations (list all locations providing services to 340B eligible patients):**

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