

INSTRUCTIONS FOR ELIGIBILITY

1. All agencies receiving kits and supplies from Robert Wood Johnson are required to submit this application approval.
2. The request for approval is to be received by **email** only **10** (ten) business days prior to the event to:
Sonya Thompson at sonya.thompson@doh.nj.gov with **cc** to (corbojo@rwjms.rutgers.edu).
3. Testing venue/geographic area is considered a high prevalence location based on the County Zip code maps provided by **DHSTS**.
4. The target population is considered high risk for HIV as defined in the **DHSTS HIV and Care Services Plan**
See **Web Site** at: <http://hpcpsdi.rutgers.edu/NJHPG/downloads/2012-16PCplan.pdf>
5. Pre –event planning has occurred to assure the above criteria has been met.



DIVISION HIV, STD AND TB SERVICES
ONE-DATE TESTING EVENTS APPLICATION

DATE OF REQUEST:

DATE OF EVENT:

Name of Agency:

Street Address:

Contact:

State:

Zip Code:

Contact Phone No:

Cell No:

| | | | |
|-----|--|---|---------------|
| 1. | Name or type of event: | | |
| 2. | Name and address of event location: | | |
| 3. | Zip Code(s) for the event: | (Zip code is in a high prevalence area per county maps) | |
| 4. | Start Time: | End Time: | |
| 5. | Has the event been advertized or marketed? | Yes | No |
| 6. | Is this event: | Outdoor | Indoor |
| 7. | Has the area been personally inspected? | Yes | No |
| 8. | Is the testing area temperature controlled? | Yes | No |
| 9. | If mobile van, is there a secure parking location with easy access for the mobile unit and those who wish to test? | Yes | No |
| 10. | Is there sufficient lighting and space for performing a rapid test and reading the result | Yes | No |
| 11. | If not a testing van, do you have a confidential area for testing? | Yes | No |
| 12. | If not a mobile van, do you have suitable cooling equipment and a stable testing area? | Yes | No |
| 13. | What is the number of anticipated HIV tests? | Number of Tests: | |
| 14. | Do you have a plan for acquiring more kits if you run short? | Yes | No |
| 15. | Is this a targeted testing event | Yes | No |
| 16. | If targeted, what is your target population? | | |
| 17. | Target population consistent with DHSTS's high-risk target populations? | Yes | No |
| 18. | Is the target area in the high incidence areas (refer to zip code maps) | Yes | No |
| 19. | Is this event for the general public? | Yes | No |
| 20. | Is this event a national testing day or other event day? | Yes | No |
| 21. | Will other services be offered? | Yes | No |
| | Please explain: | | |

Please **email request** within **10 (ten)** business days **prior** to event to:
Sonya Thompson at sonya.thompson@doh.nj.gov with cc to corbojo@rwjms.rutgers.edu
 (Note: DO NOT FAX OR MAIL REQUEST).

Please **email results** within **3 (three)** business days of the event to:
Sonya Thompson at sonya.thompson@doh.nj.gov, corbojo@rwjms.rutgers.edu and the **RWJ site liaison**
 (Note: Only cc to RWJ site liaison if the site is under the RWJ license).



DIVISION HIV, STD AND TB SERVICES
ONE-DATE TESTING EVENTS

Robert Wood Johnson Use ONLY

APPROVAL/NON APPROVAL

RWJ Oversight:

Non RWJ Oversight:

Request Approved: Yes No

Approval Date:

If denied please state the reason: _____

Special Instructions: _____