



NATIONAL HIV TESTING DAY

JUNE 27, 2016

NATIONAL HIV TESTING WEEK

JUNE 27 – JULY 1, 2016

2016 NATIONAL HIV TESTING DAY EVENT FORM

For use in posting agency National HIV Testing Events on the Division of HIV, STD and TB Services internet web page

Directions: To post your agency's NHTD event(s) as part of NJDOH/DHSTS internet web page:

- 1) Complete **a separate** 2016 NHTD FORM for each event that your agency or organization will sponsor.
- 2) If you are collaborating with other agencies, please designate a lead agency to complete one form on behalf of all collaborating agencies.
- 3) Send completed forms **by June 20, 2016** to:

Fred Vasapolli
 FAX: 609-292-6009 Division of HIV, STD and TB Services
 50 East State Street Trenton, NJ 08628-0363

| | | | | | | | | | | | |
|---|---|-------------|------------------|----------------------------|----------------------|--------------|-----------|----------|--------|---------------|------------------|
| NAME OF NHTD EVENT | | | | | | | | | | | |
| AGENCY (Lead) | | | | | | | | | | | |
| COLLABORATING AGENCIES | | | | | | | | | | | |
| DATE | | | | | | | | | | | |
| TIME | | | | | | | | | | | |
| EVENT ADDRESS | | | | | | | | | | | |
| COUNTY | | | | | | | | | | | |
| TYPE OF EVENT: (Check all that is relevant) | <table border="0"> <tr> <td>Health fair</td> <td>Memorial service</td> </tr> <tr> <td>HIV education presentation</td> <td>HIV testing services</td> </tr> <tr> <td>Social event</td> <td>Breakfast</td> </tr> <tr> <td>Luncheon</td> <td>Dinner</td> </tr> <tr> <td>Entertainment</td> <td>Other (describe)</td> </tr> </table> | Health fair | Memorial service | HIV education presentation | HIV testing services | Social event | Breakfast | Luncheon | Dinner | Entertainment | Other (describe) |
| Health fair | Memorial service | | | | | | | | | | |
| HIV education presentation | HIV testing services | | | | | | | | | | |
| Social event | Breakfast | | | | | | | | | | |
| Luncheon | Dinner | | | | | | | | | | |
| Entertainment | Other (describe) | | | | | | | | | | |
| EVENT CONTACT PERSON AND TELEPHONE # | | | | | | | | | | | |

IMPORTANT TIPS FOR COMPLETING THE 2016 NATIONAL HIV TESTING DAY EVENT FORM

Who should complete this form? Only one completed 2016 NHTD Event Form is needed for each event.

Agencies are invited to organize their own respective event on whatever date they choose on or about June 27.

Place/Time? Please specify the location (address) of your agency's NHTD event along with start and end times.

Type of Event? Specify the activities that will be included in your National HIV Testing Day event.

Event Contact Person? The contact person should be the person that DHSTS staff can contact in the event that additional information about the event is needed.

NEW JERSEY DEPARTMENT OF HEALTH
DIVISION OF HIV, STD AND TB SERVICES

NATIONAL HIV TESTING DAY (NHTD) REPORTING FORM

EXPLANATION: *In order to evaluate the success of our 2014 NHTD efforts, the DHSTS asks that you complete this form to help us prepare for future NHTD commemorations. Be sure to include feedback comments regarding what worked for your agency during this year's NHTD event, as well as what your agency learned from this year's event. Our goal is to maximize our effort to both test people at risk for HIV and to move people with HIV-positive test results into treatment as soon as possible. Thanks for your assistance in this project*

DIRECTIONS: Please complete one form for each separate NHTD Event location.

(Example: If your agency conducted HIV testing at three Walgreens pharmacies and one other agency or community location, you complete four separate forms.)

REPORTING DATE _____ AGENCY NAME _____

DATE(S) OF NHTD EVENT (circle appropriate) June 26 June 27; June 28; other _____

TESTING LOCATION (circle appropriate): Agency Community Setting Walgreens Pharmacy

ADDRESS OF EVENT _____

PERSON COMPLETING THIS FORM _____ CONTACT TELEPHONE # _____

TOTAL # OF HIV TESTS COMPLETED _____ TOTAL # OF HIV-POSITIVE TEST RESULTS _____

TOTAL # OF HIV-POSTIVE TEST CLIENTS LINKED TO TREATMENT WITHIN 24 HOURS _____

Was the targeted population consistent with DHSTS' high risk populations? YES NO
UNCERTAIN

Was the targeted location of the NHTD event in an area frequented by people at high-risk? YES NO
UNCERTAIN

