

FORM E: ASSESSMENT NARRATIVE

**Legal Business Name
of Respondent:** _____

Address each of the prompts listed below. **Please indicate each corresponding prompt numbers/letters on the submitted narrative response.** A maximum of six (6) additional pages may be attached if needed for **Form E, Assessment Narrative**.

1. Description of the population of people living with HIV in the East Texas HASA, including each of the following groups:
 - a. The community of people living with HIV
 - b. People living with HIV currently receiving services
 - c. People living with HIV not currently receiving services

Specifically, for each of the three (3) identified groups, above, provide the following information:

- a. Demographic data (age, gender, race)
 - b. Socioeconomic data (income, education, employment, and housing, etc.)
 - c. Behavioral data (mental illness and substance abuse, etc.)
 - d. HIV health status indicators (incidence, knowledge of status, diagnoses, etc.)
2. Description of gaps in resources and potential barriers to improving the service delivery systems for people living with HIV in each HSDA within the East Texas HASA.
3. Description of existing health and human service systems, networks, and health related resources available within each HSDA in the East Texas HASA. Respondent must include hospitals, clinics, types and numbers of providers, and volunteer agencies currently operating in each HSDA, and how it may collaborate with these resources.
4. Description of other existing resources in each HSDA in the East Texas HASA that support public health and the delivery of HIV-related care.
5. Description of the characteristics of persons who are aware of their status but are not participating in HIV-related care and treatment.
6. Description of existing HIV testing services in the East Texas HASA and the process for linking individuals who are newly diagnosed with HIV to antiretrovirals therapy.
7. Description of proposed new strategies for rapidly connecting newly diagnosed individuals with HIV to HIV-related medical care.

**ALL RESPONSES TO FORM E, ASSESSMENT NARRATIVE, SHOULD BE
INSERTED IMMEDIATELY AFTER THIS PAGE.**

SUBMIT THIS ORIGINAL FORM AS THE COVER PAGE, WITH YOUR ENTITY'S
RESPONSES TO THIS FORM PLACED IMMEDIATELY BEHIND IT.

FORM E: ASSESSMENT NARRATIVE

**Legal Business Name
of Respondent:**

Please see page 1 of this form, **Form E, Assessment Narrative**, for the required elements that must be included in the narrative response. A maximum of **six (6)** additional pages may be attached for responses.