

EVALUATIONWEB® NEW SITE LOCATION FORM 2014

Your Name:

Your Sponsoring Agency Name:

Your State/Jurisdiction Name:

Your Agency Phone Number:

Instructions: Using the table below, please list each site location associated with the program(s), then identify the type of site for the location where the HIV Testing or prevention services are being delivered. If a site is associated with more than three (3) programs, then use an additional line for that site. Email the completed form to Beth Leftwich at elizabeth.leftwich@vdh.virginia.gov or fax it to (804) 864-7970.

CODES FOR SITE TYPE

CLINICAL

F01.01 Clinical - Inpatient hospital
 F02.12 Clinical - TB clinic
 F02.19 Clinical - Substance abuse treatment facility
 F02.51 Clinical - Community health center
 F03 Clinical - Emergency department
 F08 Clinical - Primary care clinic (other than CHC)
 F09 Clinical - Pharmacy or other retail-based clinic
 F10 Clinical - STD clinic
 F11 Clinical - Dental clinic
 F12 Clinical - Correctional facility clinic
 F13 Clinical - Other

NON-CLINICAL

F04.05 Non-clinical - HIV testing site
 F06.02 Non-clinical - Community setting - School/educational facility
 F06.03 Non-clinical - Community setting - Church/mosque/synagogue/temple
 F06.04 Non-clinical - Community setting - Shelter/transitional housing
 F06.05 Non-clinical - Community setting - Commercial facility
 F06.07 Non-clinical - Community setting - Bar/club/adult entertainment
 F06.08 Non-clinical - Community setting - Public area
 F06.12 Non-clinical - Community setting - Individual residence
 F06.88 Non-clinical - Community setting - Other
 F07 Non-clinical - Correctional facility - Non-healthcare
 F14 Non-clinical - Health department - Field visit
 F15 Non-clinical - Community setting - Syringe exchange program
 F88 Non-clinical - Other

Site Location Name	Site Location ID VDH ONLY	Site Type Code	County	State	ZIP Code	Program Name 1	Program Name 2	Program Name 3