

CHARLI Enrollment

Name: _____
Gender: _____
DOB: _____
RWID: _____

CHARLI Enrollment Date

Release Date

Referral Source (Choose one.)

- Care Coordinator at VDH
- Case Manager
- Correctional Institution (DOC or Jail)
- Disease Intervention Specialist/Local Health Department
- Medical Monitoring Project (MMP) at VDH
- Medical Provider
- Navigator or Linkage Personnel
- Social Worker
- Testing Site
- Other, please specify

Referral Source Other

Pre-Release Assessment Date

Post-Release Assessment Date
