

LINKAGE CASE MANAGEMENT PROGRAM CLIENT DISENGAGEMENT FORM

Client Name: _____ ID: _____

On _____ (mm/dd/yyyy) the above client was disengaged from the LCM program due to:

- Relocation outside of Los Angeles County
- Completion of maximum number of LCM sessions **without being linked** to HIV medical care
- Request to no longer be part of the LCM program
- Lost to follow-up/unable to locate
- Incarceration
- Other: _____

Linked to HIV medical care at:

HIV/AIDS Clinic: _____ Phone: _____

Contact Name: _____

Address: _____ Medical Visit date: _____

Comments:

Linkage Case Manager Signature: _____ Date: _____

Linkage Case Manager Name (Printed): _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Name (Printed): _____ Date: _____