**A blue and white logo

Description automatically generated with low confidenceCommunity Health Workers for COVID Response and Resilient**

**Communities (CCR) CHW Initiative (CDC-RFA-DP21-2109)**

**Monthly Report**

Reporting Period (Send along with invoice): [insert dates]

Agency/HEZ Name:

Local Lead Agency (for HEZ):

Program Director:

RIDOH Project Administrator: James Day

RIDOH Principal Investigator: Deborah Garneau

**Community Health Worker**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Date of Hire | FT/PT | CORE  Start | CORE  Complete | Portfolio | Applied Certification | Certified | Specialties (use letters below) |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Specialties: A-Older Adults, B-HIV, C-Cardiovascular Disease/Diabetes, D-Oral Health, E-Chronic Pain Self-Management, F-Racism and Social Justice, G-CHW Supervisor, H-Mental Health First Aid, I-Public Health, J-Unite US, O-Other: (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHW at the Table: Meetings/Networking Attended**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CHW Name | Meeting Name | Date | Time | Regularity | CHW Role |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

* **All activities listed below MUST be funded through this grant and cannot be counted toward any other funding source**

**Activities conducted during reporting period (CHW caseload, screenings, referrals/s, CHW communication/outreach, and numbers of individuals reached, e.g., vaccine confidence, disease prevention strategies)**

* **UniteUs, EMR, Excel report acceptable**
* **Copy and paste drop down in new lines below. Inserting new lines will not automatically produce drop downs.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Venue | CHW Name | # of Encounters | # of Screenings | Type of Referrals; Health Condition (If Applicable) | Type of Referrals; Social Service (If Applicable) | Notes (Outcome) |
|  |  |  |  | Choose an item. | Choose an item. |  |
|  |  |  |  | Choose an item. | Choose an item. |  |
|  |  |  |  | Choose an item. | Choose an item. |  |

**Accomplishments / Progress**

* X
* X
* X

**Problems encountered, solutions to address problems, and impact on schedule:**

* X
* X
* X

**Updates:**

* X
* X
* X

**Next Steps:**

* X
* X
* X