

Culturally Responsive Intersectional Stigma Prevention (CRISP) Online Interest Form

An Intervention of the HPTN 096 Building Equity Through Advocacy Study

1. Please provide the following information about your facility (mandatory):

Legal Name of Facility

Street Address Line 1

Street Address Line 2

City

State

Zip Code

Hospital Web site URL address (optional):

2. Representative Contact Information (mandatory):

Representative Name:

Representative Title:

Representative Phone Number:

Representative Email:

3. Is your facility part of a larger health system? No Yes

If no: Skip to Question 4.

If yes: What is the name of the health system?

4. We will ask you to sign a participation agreement and a data use agreement before starting the project.

This will be signed by the primary facility contact person and the facility administrator. If there is another level of approval that is required by your facility to participate, e.g. a corporate officer, research review board, please provide that contact information:

- Contact Name:
- Contact Title:
- Contact Email Address:
- Contact Telephone Number:

5. Type of facility (select all that apply):

- Hospital outpatient clinic
- Federally qualified health center (FQHC)
- Community health center
- Public health clinic (including STI clinics and health department clinics)
- Community-based organization, including AIDS Service Organizations
- Primary health care
- Private provider
- Retail health provider/pharmacy
- College/university health service
- Other (please specify)

6. Does your facility receive Ryan White funding?

- Yes
- No

7. Approximately how many clients does your program serve annually?

8. Approximately what percentage of your clients are Black men?

9. Which HIV-related services does your facility provide? (mandatory – check all that apply)

- HIV testing
- HIV care/treatment
- HIV prevention (including pre-exposure prophylaxis – PrEP)
- STI testing and treatment

10. Do you have an electronic health record (EHR) in your facility? No Yes

11. If yes: Who is your electronic health records vendor?

- Epic
- Cerner
- Meditech
- Siemens
- Allscripts
- eClinicalWorks
- Netsmart
- Medent
- Centricity
- NextGen
- Other (please describe):

12. In a few sentences, please explain why you would like to participate in this project.

For more information on the HPTN 096 CRISP intervention, please visit:

www.hptn096.org

If you have any questions about the project, please contact:

crisp@hptn.org

Please **SUBMIT APPLICATION** via Qualtrics