COUNTY OF LOS ANGELES
Public Health
Division of HIV and STD Programs

Division of HIV and STD Programs
HERR/CRCS/FAITH-BASED
EvalWeb Site Request Form

Please complete the sections below to request the addition or deletion of a site. One form per site. Requests must be received 30-days prior to the start of services. E-mail completed form to Paulina Zamudio at pzamudio@ph.lacounty.gov. Incomplete forms will be returned. If you have any questions on how to complete this form, please contact your Program Manager.

SECTION I: Agency Information

Requested By: _____ Contact Number: _____

Agency Name: _____ E-mail Address: _____

SECTION II: ☐ Add Site ☐ Delete Site

Program Type (select one):

☐HE/RR ☐CRCS ☐Faith-Based

SECTION III: Site Information

Site Name: _____

Site Location: _____
(Street Address) **(City)** **(Zip Code)**

First Day of Service: _____ Last Day of Service: _____

Site Type: Choose only one *(the closest to the description of the site)*

Code	Description	Code	Description
☐ F01.01	Clinical - Inpatient Hospital	☐ F04.05	Non-Clinical - HIV Testing Site
☐ F02.12	Clinical - TB Clinic	☐ F06.02	Non-Clinical - Community Setting - School/Educational Facility
☐ F02.19	Clinical - Substance Abuse Treatment Facility	☐ F06.03	Non-Clinical - Community Setting - Church/mosque/synagogue/temple
☐ F02.51	Clinical - Community health center	☐ F06.04	Non-Clinical - Community Setting - Shelter/Transitional Housing
☐ F03	Clinical - Emergendy Department	☐ F06.05	Non-Clinical - Community Setting - Commercial Facility
☐ F08	Clinical - Primary Care Clinic (other than CHC)	☐ F06.07	Non-Clinical - Community Setting - Bar/club/adult entertainment
☐ F09	Clinical - Pharmacy or other retail-based clinic	☐ F06.08	Non-Clinical - Community Setting - Public area
☐ F10	Clinical - STD Clinic	☐ F06.12	Non-Clinical - Community Setting - Individual Residence
☐ F11	Clinical - Dental Clinic	☐ F06.88	Non-Clinical - Community Setting - Other
☐ F12	Clinical - Correctional Facility Clinic	☐ F07	Non-Clinical - Correctional Facility - Non healthcare
☐ F13	Clinical - Other	☐ F15	Non-Clinical - Community Setting - Syringe Exchange Program
☐ F-14	Non-Clinical - Health department - Field visit	☐ F88	Non-Clinical - Other

SECTION IV: Intervention Type (check all that apply). ***NOTE: Outreach, HCPI and CLI sites do not need to be identified***

☐Interventions Delivered to Groups (IDGs) ☐Interventions Delivered to Individuals (IDIs)

Program Coordinator: _____
PRINT

Program Coordinator: _____ Date: _____
SIGNATURE

Revised 3/6/2015

DHSP Staff Only

Request Approved □ **Yes** □ **No** **Reason Not Approved:** _____

Approved Site ID: _____ **Approval Date:** _____