**Attachment 8**

**Service Linkages Chart**

**RFA #22-0011**

Applicants must provide linkage resource information for services that are provided through other resources, either on site or at other community-based organizations, for people aging with HIV. Please complete the following chart.

Applicants are encouraged to enhance existing and/or establish new formalized collaborative partnerships to provide linkages which are supported by detailed MOUs/Linkage Agreements.

| **Referral Service** | **Contact Name, Agency, Address and Phone Number**  Where clients will be linked/referred | **Provider will be onsite**  (check here) |
| --- | --- | --- |
| HIV Primary Care Services |  |  |
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| Cognitive, Physical and Behavioral Screening |  |  |
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| Housing Services |  |  |
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| Nutrition Services |  |  |
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| Mental Health Services |  |  |
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| Substance Use Treatment |  |  |
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| Transportation Services |  |  |
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| Legal Services |  |  |
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| Other Supportive Services  Specify: |  |  |
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| Other Supportive Services  Specify: |  |  |
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| Other Supportive Services  Specify: |  |  |
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