**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  |  |  |
|  |  |
|  |  |
|  |  |
| Cognitive, Physical and Behavioral Screening  |  |  |
|  |  |
|  |  |
|  |  |
| Housing Services  |  |  |
|  |  |
|  |  |
|  |  |
| Nutrition Services  |  |  |
|  |  |
|  |  |
|  |  |
| Mental Health Services |  |  |
|  |  |
|  |  |
|  |  |
| Substance Use Treatment |  |  |
|  |  |
|  |  |
|  |  |
| Transportation Services  |  |  |
|  |  |
|  |  |
|  |  |
| Legal Services  |  |  |
|  |  |
|  |  |
|  |  |
| Other Supportive ServicesSpecify: |  |  |
|  |  |
|  |  |
|  |  |
| Other Supportive ServicesSpecify: |  |  |
|  |  |
|  |  |
|  |  |
| Other Supportive ServicesSpecify: |  |  |
|  |  |
|  |  |
|  |  |