

# Points of Entry: annual report

Upload with your Quarter 4 report. Demonstrate referral relationships with at least three (3) points of entry to help identify Eligible Persons with HIV/AIDS and refer them into the health care system or to testing, counseling, and referral.

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| Subrecipient Agency: |  |
| Reporting period: |  |
| Funding source(s): |  |
| Point of Entry Agencies: |  |

### How many referrals did your agency receive from the Points of Entry agencies with which you have obtained signed letters of agreement?

How many referrals did your agency receive from agencies not yet identified as Point of Entry referral partners?

How did your Points of Entry relationships benefit clients or improve access to your services by points of entry providers serving your target population?

How did your agency maintain its Points of Entry relationships?

What, if any, challenges did your agency face in maintaining these relationships?

### Contact

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