OID Incentivized Prevention Program Approval Form

Overview

This form is required to be submitted for all agencies using DOH funds to support prevention programs through the use of incentives. Please complete all required components and submit to OID staff for approval. This form can be amended if there are changes to your prevention program's use of incentives throughout the contract period.

For guidance on implementing incentivized prevention services, please reference *Implementing Incentivized Testing Programs: Program Guidance*.

Agency:

Date:

Incentive Purpose:

Please provide an overview of your proposed use of incentives (eg: direct incentives to clients accessing services; incentives to peers to recruit additional clients). Include details about how you intend to enhance prevention program goals (eg: increase testing in priority populations; increase HCV treatment linkages).

Type, Amount & Quantity Of Incentives:

Please give overview of type of incentives you intend to use. Include type (eg: gift cards; transportation vouchers; etc) as well as the quantity you intend to purchase and distribute.

- **Type:**
- **Denomination:**
- **Quantity:**
- **Additional Details:**

Incentive Distribution Documentation Plan

Please provide details about your plan to document the distribution of incentives. Reference Implementing Incentivized Testing Programs: Program Guidance for details about documentation requirements.

DOH Feedback:

DOH: Approved As Submitted Approved With Changes Not Approved