**Community Based Vaccine Outreach Program Reporting Module: OMB Number (0906-0064)**

**Community Member Profile Form – General Outreach/Education**

**Public Burden Statement:** The purpose of this data collection system is to collect aggregate data on activities supported through HRSA's Community-Based Vaccine Outreach Programs (HRSA-21-136 and HRSA-21-140). HRSA will use these data to monitor the supported activities by awardees related to (1) building a public health workforce and (2) how that workforce is leveraged to increase vaccination rates and equitable access to vaccines, to ensure that the most vulnerable populations and communities are reached and vaccinated throughout the period of performance. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0064 and it is valid until 01/31/2022. Public reporting burden for this collection of information is estimated to average .27 hours per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

***Instructions:*** *The information that you collect about the people you serve is very important and helps HRSA better understand how to get more people vaccinated for COVID-19. This information, and the work you that are doing, can help to save lives! There are a total of 13 questions in this form. We ask that you make sure everything is filled out as honestly and as completely as possible. Thank you very much in advance for your help in providing this important information!*

1. **This section is for you (the community outreach worker) to fill out when you interact with a member or members of the community to help encourage them to get vaccinated for COVID-19. Please note that a different form (not this one) should be used at actual vaccine sites.** 
   1. **Please provide the unique identifier assigned to you as a community outreach worker (by your employer).**

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| --- | --- |
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1. **How many community members are attending/receiving the specific intervention that you're reporting on here?**

|  |  |
| --- | --- |
|  |  |

1. **List the ZIP code where this outreach is occurring.**

|  |  |  |
| --- | --- | --- |
|  | This outreach covers too big an area to enter a single ZIP code - such as a tweet or webinar | |
|  | Otherwise specify the ZIP code here: |  |

1. **Where is this intervention that you're reporting on here occurring? Please list the city and state (for example: “Chicago, IL”)?**

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| --- | --- |
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1. **If the neighborhood this intervention is occurring in has a more specific name than Question 3 provides, please list the name of the neighborhood here (for example: "The Bronx in New York, NY").**

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| --- | --- |
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1. **Please provide the date of this specific outreach effort. Use the following format for your answer: MM/DD/YYYY.**

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| --- | --- |
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1. **What type of location is this outreach occurring at?**

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| --- | --- |
|  | No physical location - this outreach/assistance was about providing transportation/assistance getting to a vaccine site for a community member(s) |
|  | No physical location - for example, for outreach using the internet or social media |
|  | Community recreation center (e.g., public rec center, YMCA) |
|  | A community/resource center for a population of people sharing a common background (Italian Americans club, a meeting place for Spanish-speakers, etc.) |
|  | LGBTQ+ community center |
|  | Other type of community center |
|  | School, college, community college, or trade school |
|  | Other community-based learning center |
|  | Job training or placement center |
|  | Youth center |
|  | Facility for unhoused people (homeless shelters) |
|  | Tribal program/site |
|  | Public assistance centers |
|  | Church, temple, or other faith-based/religious site |
|  | Homes in a neighborhood |
|  | A housing or apartment complex |
|  | Hospital |
|  | Community health center |
|  | Doctor’s office or similar setting |
|  | Pharmacy |
|  | Health department |
|  | Other official or government/public building (for example, a library, town hall, or post office) |
|  | Park or other/similar public space |
|  | Neighborhood convenience store or bodega |
|  | Other type of store or shopping mall |
|  | Local/neighborhood small business site |
|  | A hair salon, barber shops, or nail salon |
|  | Some other type of site (please specify): |
|  |  |

1. **Is this the first time that this community member or group of community members has been contacted?** *If this is a group and it is the first time for most participants to be contacted, select “Yes.”*

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Is this outreach occurring in the English language?**

|  |  |
| --- | --- |
|  | Yes |
|  | If your answer is "No" (the outreach is not in English), then please list all other languages other than English that are being used below. |
|  |  |
|  | *If this outreach is occurring in English AND in another language, then please check BOTH boxes and ALSO list all other languages other than English that are being used above.* |

1. **Which of the following methods are being used for this outreach effort:**

|  |  |
| --- | --- |
|  | Transportation/getting to a vaccine delivery site (for example, a pop-up site to deliver COVID-19 vaccines) |
|  | This is a vaccine delivery site (for example, a pop-up site to deliver COVID-19 vaccines) |
|  | A community website, blog, or web-based tool about COVID-19 vaccines (including where/when to get them) |
|  | A social media site (or related campaign) about COVID-19 vaccines (including where/when to get them) |
|  | Educational and/or informational fliers about COVID-19 vaccines (including where/when to get them) |
|  | General information on COVID-19 vaccines (how they work, how effective they are, how safe they are) but NOT information on where/when to get them |
|  | Door-to-door outreach |
|  | Other form of in-person interaction not listed here |
|  | A telephone call (or calls) |
|  | Text message(s) |
|  | Email(s) |
|  | Mail |
|  | A webinar |
|  | A training session |
|  | A virtual town hall |
|  | A radio spot |
|  | A TV spot |
|  | Billboards or other types of posters/signs around the community |
|  | Door hangers |
|  | Flyers |
|  | Focus group(s) |
|  | A community fair or event |
|  | Visiting a community-based recreation center |
|  | Visiting a church, temple, or other religious site/building |
|  | Visiting a local school, college, or a community learning center |
|  | Visiting a local library or other public building |
|  | Visiting an LGBTQ+ community/resource center |
|  | Visiting a community/resource center for a population of people sharing a common background with me (Italian Americans club, a meeting place for Spanish-speakers, etc.) |
|  | Visiting a facility helping unhoused people (homeless shelter, etc.) |
|  | Please list any other approaches/methods used that were listed above (please specify): |
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1. **If possible, to determine, how many community members receiving this outreach/intervention today say that they agree to receive a COVID-19 vaccine as a result of your efforts/intervention?**

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| --- | --- |
|  | This cannot be determined |
|  | This can be determined (please specify the number of people who agree to get vaccinated): |
|  |  |

1. **Please select ALL of the characteristics below that describe the community member(s) present for/receiving/participating in this intervention today.**

|  |  |
| --- | --- |
|  | Children (people aged 0-11 years old) |
|  | Adolescents/teenagers (people aged 12-17 years old) |
|  | Young adults (people aged 18-29 years old) |
|  | Adults (people aged 30-64 years old) |
|  | Seniors (people 65 years old and above) |
|  | Men |
|  | Women |
|  | Individuals who identify as non-binary or transgender |
|  | Individuals self-identified as LGBTQ+ |
|  | Individuals self-identified as African American or Black |
|  | Individuals self-identified as American Indian or Alaska Native |
|  | Individuals self-identified as Asian |
|  | Individuals self-identified as Native Hawaiian or Other Pacific Islander |
|  | Individuals self-identified as white |
|  | Individuals self-identified as Hispanic or Latino/Latina/Latinx |
|  | People who are bilingual/multilingual or for whom English is not their primary language |
|  | People who are currently unhoused (homeless) |
|  | Members of a specific faith or religious group. If members of a specific faith or religious group participated, please list the faith or religious group(s) of participants (please specify): |
|  |  |

1. **If this intervention was specifically geared to a specific population of community members (for example, this was an event at a high school specifically for teenagers, or it was specifically for the LGBTQ+ community at an LGBTQ+ resource center), then please select ALL of the characteristics below that describe who this outreach/intervention was intended for.**

|  |  |
| --- | --- |
|  | Children (people aged 0-11 years old) |
|  | Adolescents/teenagers (people aged 12-17 years old) |
|  | Young adults (people aged 18-29 years old) |
|  | Adults (people aged 30-64 years old) |
|  | Seniors (people 65 years old and above) |
|  | Men |
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|  | Individuals who identify as non-binary or transgender |
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|  |  |