



**LAS VEGAS TGA**  
**PART A HIV/AIDS PROGRAM**  
CLARK | MOHAVE | NYE COUNTIES



**Las Vegas TGA**  
**Quarterly Provider Report Grant**  
**Year 2025 – 2026**

**Quarter** (Select One): ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

**Agency Name:** \_\_\_\_\_

**Prepared By:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I. CONTINUUM OF CARE**

**a.** How many clients **Diagnosed with HIV** were provided services this quarter.

Newly Diagnosed	Returning to Care	Moved to TGA	Total Clients

**b. Linked to Care**

Summarize your agencies accomplishments leading to the increase of client's being linked to medical clinic visit(s) after HIV diagnosis this quarter.

**c. Engaged/Retained in Care**

Describe your agency's efforts/activities to retain client(s) in care, please add the number of clients who had CD4 or Viral Load tests this quarter.

**d. Prescribed Antiretroviral Therapy**

Summarize your agencies accomplishments in promoting client's adherence to Antiretroviral Therapy.

**e. Achieving Viral Suppression**

Describe efforts aimed at improving viral suppression within your agency and efforts made to coordinate with other service providers to facilitate adherence based on the number of clients with a viral load above 200 copies/mL.

**f.** If your agency conducts HIV testing, report on the HIV screenings conducted in your facility.

# of HIV tests conducted	# of positive HIV results	# of positive HIV results linked to care	# of positive HIV results enrolled in RW services

**II. PROGRAM ACTIVITIES**

**a.** What **challenges** have been encountered that have impacted your agency's ability to meet its program objectives? What strategies have been implemented, or are planned, to overcome those challenges?

- b.** Do you have any Ryan White Part A clients that have presented issues this quarter and could possibly be in jeopardy of losing services due to their behavior?

### **III. PROGRAM ADMINISTRATION**

- a.** List any changes that occurred during this quarter with your agency's service delivery structure.
  
  
  
  
  
  
  
  
  
  
- b.** List all vacant Ryan White program funded positions (Please submit an updated organizational chart if any changes in positions have been made.):

### **IV. TECHNICAL ASSISTANCE/TRAINING**

Please identify any questions or technical assistance/training needs your agency currently has.

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Primary Contact Person

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Signature