FAX

TO: Advancing Connecticut Together- Client Assistance, Fax # 860-761-6711

FROM: Email:

DATE: PAGES: (including cover)

RE: ACT Client Assistance Request

Required Checklist

Service Category:

- □ Health Insurance Premium & Cost Sharing Assistance
 - □ W9 for Healthcare Provider

□ Transportation Assessment Form

- Uber: Request Form, Ride Chart, & ROI to Uber Health
- □ Uber Voucher: Request Form & Ride Chart
- □ *Buss Pass*: Request Form & Ride Chart
- Gas Card: Request Form & Ride Chart
- □ Food Voucher

EFA Utilities

- □ Request Form & Billing Statement
- □ W9 if applicable (i.e individual business)

Intake Packet

- In CW Attached
 - □ □ Signature of Medical Case Manager & Supervisor
 - □ □ CAREWare Referral
 - □ □ CAREWare Demographic Report & Up-to-date Annual Review
 - □ □ Signed Eligibility Worksheet and Income Verification (or Zero Income Affidavit)
 - \Box \Box Release of Information to ACT
 - □ □ Signed ACT Bill of Rights
 - □ □ Signed Ryan White Consent
 - □ □ Signed ACT CAREWare Consent for Sharing
 - □ □ Lab report of CD4 and/or Viral Load within the past 12 months

RW Transportation Services Assessment Form

CLIENT INFORMATION

Client ID:	Name: Age:		Age:			
Address:	*Phone number: Get			:		
City:	Primary language:		Race:			
Zip:						
Case Manager (if one is assigned						
*Individuals without a phone numb	er cannot access Uber.					
Has client applied for other servi	ces: Yes N	lo Ve	eyo	First Transi	t	Other
APPOINTMENT INFORMATIO	<u>DN</u>					
Referral Service Date:						
Was CAREWare Referral compl	eted? Yes	No				
Type of appointment:						
Additional Notes:						
If service was denied, explain wh	y and how it was resolv	/ed:				
If no show up or appointment car	ncelled, was Case Man	ager contac	cted:	Yes	No	
Funds utilized for this need:	RW Part A RW	/ Part B				
Case Manager Signature		Date:				

UBER Transportation

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I hereby give my consent to, and authorize:

AIDS Connecticut

(name of agency)

(case manager/counselor)

to release a copy of the following information in their possession, including oral disclosure, consisting of but not limited to the following: (INSTRUCTIONS: Client must initial to signify approval, or write "NO" to signify disapproval. All blanks must be filled in or marked "N/A", not applicable)

Location
Destination
Name
Phone number

OF: _

(client name)

Date of Birth:

TO: UBER Health and Designee

For the Purpose of: Arranging medical transportation Services on behalf of client listed

I authorize release of information, including oral disclosure between agencies, of the above-cited information to access services:

(Initial to signify approval, or write "NO" to signify disapproval)

____This agency only

All records are confidential pursuant to Connecticut General Statutes §§ 19a-583. I understand that I may revoke this authorization for release at any time by notifying the above-authorized person in writing, except to the extent that information has already been shared. If not revoked by me, I understand this release is valid for <u>eighteen</u> months from the date it was signed. By signing this form,

(Signature of client or legal representative)

(Witness)

(Date signed)

PROHIBITION OF REDISCLOSURE: This information is disclosed to you from records of persons whose confidentiality is protected by Federal and State law. State law and regulations prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. *Please honor a mechanical reproduced copy of this release*.

RIDES for the Month of _____, 20____

TRANSPORTATION	AMOUNT OF	DATE OF	TIME OF	PICK- UP LOCATION	DROP-OFF LOCATION
TYPE	BUS/GAS CARD	RIDE	RIDE	FOR VAN/UBER	FOR VAN/UBER
Van					
Uber					
Bus Card					
Gas Card					
Van					
Uber Des Carl					
Bus Card Gas Card					
Van Uber					
Bus Card					
Gas Card					
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Uber					
Bus Card					
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ACT Medical Transportation Resources

I. <u>Explanation of Assistance:</u>

The Client Assistance Funds & Housing Assistance Funds (CAF/HAF) program provides Medical Transportation Services (MTS) to assist people living with HIV/AIDS. The purpose of Ryan White MTS is to enable clients to access medical and/or supportive care. Consumers utilize assistance to meet ongoing needs including: *grocery shopping, banking, trips to their pharmacies, emergency shelters, job interviews, etc*

II. <u>Service Category Ride-Chart Examples & Procedures</u>

Timely, complete, and accurate submission of MTS Applications will increase accessibility of services and expedite the distribution of vouchers for clients. Ride-Chart examples, (found on pages 6-9), provide an outline for each MTS category. **Please reference the appropriate charts listed below when applying for services:**

- a. Coordinated Uber Example Chart
- b. Uber Voucher Example Chart
- c. Gas Card Example Chart
- d. Bus Pass Example Chart

Case managers will receive an email from CAF/HAF letting them know when vouchers are ready for pick up. The approval letter does NOT mean that vouchers have been distributed/ case managers can pick them up.

TRANSPORTATION TYPE	AMOUNT OF BUS/GAS CARD	DATE OF RIDE	TIME OF RIDE	PICK- UP LOCATION FOR VAN/UBER	DROP-OFF LOCATION FOR VAN/UBER
 Van Uber Bus Card Gas Card 	Coordinated	9/10/23	11am	25 Wethersfield Ave Hartford, CT	ACT Connections 1229 Albany Ave Hartford, CT
 Van Uber Bus Card Gas Card 		9/10/23	2pm	ACT Connections 1229 Albany Ave Hartford, CT	25 Wethersfield Ave Hartford, CT
 Van Uber Bus Card Gas Card 		9/15/23	8am	25 Wethersfield Ave Hartford, CT	Quest Diagnostics 40 Hart St. New Britain, CT
 Van Uber Bus Card Gas Card 		9/15/23	9am	Quest Diagnostics 40 Hart St. New Britain, CT	25 Wethersfield Ave Hartford, CT
 Van Uber Bus Card Gas Card 					
 Van Uber Bus Card Gas Card 					
 Van Uber Bus Card Gas Card 					
 Van Uber Bus Card Gas Card 					
 Van Uber Bus Card Gas Card 					
 Van Uber Bus Card Gas Card 					

TRANSPORTATION TYPE	AMOUNT OF BUS/GAS CARD	DATE OF RIDE	TIME OF RIDE	PICK- UP LOCATION FOR VAN/UBER	DROP-OFF LOCATION FOR VAN/UBER
 Van Uber Bus Card Gas Card 	\$25 Voucher	9/12/23	N/A	N/A	ACT Connections 1229 Albany Ave Hartford, CT
 Van Uber Bus Card Gas Card 	\$25 Voucher	9/15/23	N/A	N/A	Quest Diagnostics 40 Hart St. New Britain, CT
 Van Uber Bus Card Gas Card 	\$25 Voucher	9/20/23	N/A	N/A	Stop & Shop 1309 Corbin Ave New Britain, CT
 Van Uber Bus Card Gas Card 					
 Van Uber Bus Card Gas Card 					
 Van Uber Bus Card Gas Card 					
 Van Uber Bus Card Gas Card 					
 Van Uber Bus Card Gas Card 					
 Van Uber Bus Card Gas Card 					
 Van Uber Bus Card Gas Card 					

TRANSPORTATION	AMOUNT OF	DATE OF	TIME OF	PICK- UP LOCATION	DROP-OFF LOCATION
ТҮРЕ	BUS/GAS CARD	RIDE	RIDE	FOR VAN/UBER	FOR VAN/UBER
 Van Uber Bus Card Gas Card 	\$30 Voucher	Weekly	N/A	N/A	ACT Connections 1229 Albany Ave Hartford, CT
 Van Uber Bus Card Gas Card 	\$30 Voucher	9/15/23	N/A	N/A	Quest Diagnostics 40 Hart St. New Britain, CT
 Van Uber Bus Card Gas Card 		Weekly	N/A	N/A	HRA 83 Whiting Street New Britain, CT
 Van Uber Bus Card Gas Card 					
 Van Uber Bus Card Gas Card 					
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TRANSPORTATION	AMOUNT OF	DATE OF	TIME OF	PICK- UP LOCATION	DROP-OFF LOCATION
ТҮРЕ	BUS/GAS CARD	RIDE	RIDE	FOR VAN/UBER	FOR VAN/UBER
 Van Uber Bus Card Gas Card 	4 x 10 Ride	3 x Weekly	N/A	N/A	ACT Connections 1229 Albany Ave Hartford, CT
 Van Uber Bus Card Gas Card 		9/23/23	N/A	N/A	Quest Diagnostics 40 Hart St. New Britain, CT
 Van Uber Bus Card Gas Card 		Weekly	N/A	N/A	Stop & Shop 1309 Corbin Ave New Britain, CT
 Van Uber Bus Card Gas Card 		Weekly	N/A	N/A	UCONN Health 263 Farmington Ave Farmington, CT
 Van Uber Bus Card Gas Card 					
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