

# HOPWA CAN Waitlist Referral Form

Fax to ACT at 860-761-6711 with required forms. **NOTE:** This referral does not automatically add a client to the waitlist. Referring case manager will be notified when client is added.

## Greater Hartford HIV/AIDS Housing Agencies:

- AIDS Connecticut
- Chrysalis Center, Inc./St. Philip House
- City of Hartford
- Community Health Resources
- CT Department of Housing
- Hands On Hartford/Zeppo House
- HRA of New Britain
- Journey Home
- Mercy Housing & Shelter Corporation

Please check box to indicate that each of these forms have been attached:

MD verification of HIV+ diagnosis

HOPWA/CAN ROI

Most recent CD4/Viral Load results

HMIS ROI

HMIS # (if available): \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Sex at Birth:    Male    Female    Gender Identity:    Male    Female    Non-binary

Current Address: \_\_\_\_\_

Literally Homeless

At risk of being homeless

Document Ready:    Yes    No    If no, what is missing?

Social Security Card

Birth Certificate

CT Picture ID

Income: \_\_\_\_\_ Source of income: \_\_\_\_\_

Family Composition: \_\_\_\_\_ # of children under age 18: \_\_\_\_\_

Criminal History?    Yes    No    If yes, please include date of conviction:

Felonies: \_\_\_\_\_ Sex Offender: \_\_\_\_\_ Parole: \_\_\_\_\_ Probation: \_\_\_\_\_

Besides HIV, are you being treated for other medical conditions?    Yes    No

If yes, please list conditions: \_\_\_\_\_

In the past six months how many times have you:

\_\_\_\_\_ Received health care at an emergency department/room?

\_\_\_\_\_ Taken an ambulance to the hospital?

\_\_\_\_\_ Been hospitalized as an inpatient?

Are there any medications that a doctor said you should be taking that, for whatever reason you are not taking?

Yes    No    N/A

Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

Yes      No      N/A

Will your drinking or drug use make it difficult for you to stay housed or afford your housing?

Yes      No      N/A

Have you ever had trouble maintaining your housing or been kicked out of an apartment, shelter program, or other place you were staying because of a mental health issue or concern?

Yes      No      N/A

Do you have any mental health issues that would make it hard for you to live independently because you'd need help?

Yes      No      N/A

**\*\*\*Feel free to attach any additional information that might assist us.**

**Referral Source Information (if not self-referral):**

Name of person making referral: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Source Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* FOR ACT USE ONLY \*\*\*\*\*

Date Received: \_\_\_\_\_