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/Zezzo 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 Verification of Income or Zero Income Affidavit

Most recent CD4/Viral Load results HMIS ROI

HMIS # (if available): ______________________ Primary Language Spoken: ________________________

Name: ___________________________________ DOB: ____________ Phone: ______________________

Sex at Birth: M F Gender Identity: Male Female Transgender Non-binary

Current Address: ____

Literally Homeless At risk of being homeless

Type of Housing: Shelter Nursing Home Halfway House Other: _______________

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: _________

Date of birth and sex of children under 18: ____

Criminal History? Yes No If yes, please include date of conviction for each on lines below:

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?

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Question	Yes	No	N/A
Are there any medications that a doctor said you should be taking that, for whatever reason you are not taking?	Yes	No	N/A
Do you identify as a man who has sex with men (MSM)?	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
Do you have a history of substance use?	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
Have you ever had a mental health diagnosis?	Yes	No	N/A

If yes, what? ____

******Please note that verification of income or zero income affidavit, ID, social security, and birth certificate are needed for any additional adults residing with applicant.***

******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: ____

Supervisor: _________________________________ Supervisor's Phone: ___________________________

Supervisor's Email: ____

Client Signature: ____ Date: ______________________

Referral Source Signature: ____________________________________ Date: ______________________

* FOR ACT USE ONLY *

Date Received: ______________________

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