

HIVCareLink

Active Referral to Services Form

Participant Name: _____ DOB: _____

Participant Address: _____

Participant City/State/Zip: _____

Participant Phone(s): _____

Referring Agency: _____ Referral Date: _____

Agency Contact Name/Title: _____

Agency Phone: _____ Email: _____

Refer to Service

- Care Program:** Supports retention-in-care by providing compassionate and confidential psychosocial support, pastoral care, visitation and/or occasional transportation for people living with HIV/AIDS.

- Positive Move Project:** Free moving help scheduled on Saturdays at 9:00. We help Participants move household items that are packed and ready to go. HIV Care Link provides a rented 17 foot truck and a few volunteers to help. Together (According to participant's ability), we load the truck, make one local trip and then unload the truck. Moves are scheduled on a "first come, first served basis" and we are typically booked two weeks to two months out. Please see Positive Move Waiver and Guidelines for additional information.

Please supply all required qualifying RW Part A documentation with active referral

- Release of information
- Proof of current ADAP or
 - HIV status
 - Proof of Income
 - Proof of Health Insurance
- Proof of Residence

Please note relevant dates/times and participant concerns/information: _____

Please make active referrals to Mike Tucker at 303-382-1344 or Mike@hivcarelink.org
And securely email qualifying documentation to Mike@hivcarelink.org