

# CAP CareLink Referral Form

Cascade AIDS Project



*CareLink is a short-term case management program that works with people living with HIV (PLWH) who are seeking extra support and advocacy to engage in HIV medical care, medical case management and mental health/substance use services.*

### **We prioritize PLWH who:**

- Are newly diagnosed with HIV within the past 6 months & are seeking additional support to engage in HIV care
- Have not seen a medical provider in 6+ months & are seeking support to reengage in care
- Are new to the Portland metro area
- Are exiting incarceration & are seeking assistance in engaging in HIV services

### **To complete referral:**

- Please send the filled in referral form to [carelink@capnw.org](mailto:carelink@capnw.org) (or fax to 503-223-6437) using the subject line [CareLink Referral] and include any relevant client information in the body of the email.
- If this is an urgent referral, please add [TIME SENSITIVE] to the subject line.

## Client Contact Information

Name: \_\_\_\_\_ Pronouns:  they/them  she/her  he/him  other: \_\_\_\_\_

Best Phone #: \_\_\_\_\_ Can we leave a message?  Yes  No  Confidential (*only first name of staff*)

Best Email: \_\_\_\_\_ Can we email?  Yes  No

Best Time(s) to Contact:  Mornings  Afternoon  Evenings  Weekdays  Weekends

Best Method of Contact:  Phone  Email  Other: \_\_\_\_\_ Other contact details: \_\_\_\_\_

## Additional Client Information

Date of Birth: \_\_\_\_\_

Interpretation Needed:  Yes  No

If so, language? \_\_\_\_\_

Current Ryan White eligibility complete:

Yes  No  In process  Unsure

Health Insurance Provider: \_\_\_\_\_

Is client a current H&SS CAP Client?

Yes  No  Unsure

Does the client know of this referral?  Yes  No

Is the client interested in CareLink?  Yes  No

Have they ever seen an HIV medical provider?  Yes  No

(If yes, approx. date of most recent visit? \_\_\_\_\_)

Have they ever taken medication for HIV?  Yes  No

(If yes, approx. last time they took meds? \_\_\_\_\_)

Is the client experiencing (check all that apply):

Newly Diagnosed (within last 6 months)?

Out of medical care for 6+ months?

Recently/Being Released from Incarceration?

Unstable Housing/Houselessness?

Mental Health and/or Substance Use Needs/Challenges?

## Referral Information

Referring Agency: \_\_\_\_\_

Referral Date: \_\_\_\_\_

Referring Contact Person: \_\_\_\_\_

Contact Info: \_\_\_\_\_

*Additional Questions?*

Contact Sarah Tapp, CareLink Team Lead, at [stapp@capnw.org](mailto:stapp@capnw.org) / 503-278-3865 or CAP Reception at 503-223-5907.