

## Positive Connections Interagency Referral (IAR)

**Instructions:**

- 1. As applicable, please ensure Release of Information (ROI) has been completed by your agency for us to access the client's record through our Epic server via Care Everywhere.
- 2. Complete all sections and return completed form via fax or secure email.

**Client Eligibility:**

- Documented diagnosis of HIV.
- Income ≤ 500% Federal Poverty Level.
- Resides (lives) in Santa Clara County.

**Section 1: Referring Agency**

Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Response request:  No  Yes  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Name of person to respond to: \_\_\_\_\_ (if applicable)

**Section 2: Client**

Name: \_\_\_\_\_ (Last, First & Middle) **Ryan White Card:**  No  Expired  Active (Issued by Positive Connections)  
 Date of Birth: \_\_\_\_\_ Language: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Preferred mode(s) of contact:  Phone (ok to  VM  Text)  Email  
 Currently admitted in a facility:  No  Yes  
**Admitted Facility Information:** (if different from referring agency)  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Expected Date of Discharge: \_\_\_\_\_

**Section 3: Reason(s) for Referral** (\*Service not directly offered by Positive Connections; referral options will be discussed w/client.)

- Case Management
- Health Education
- Medication Adherence
- Transportation Assistance
- Emergency Financial Assistance
- \*Assistance for ADL/iADL's Needs
- \*Dental Services  
 (Note: Medi-Cal eligibility clients must attempt to receive dental care from a Denti-Cal provider before our case managers can refer them to the Ryan White funded oral health provider.)
- \*Vision Services
- \*Food Assistance
- \*Legal Resources
- \*Housing Resources  
 (Note: Case managers can discuss referral options, however housing resources in Santa Clara County are limited. Positive Connections does not have long-term rental assistance funding. Direct questions about the HOPWA program to the program administrator at [SCCHousing@BACH.health](mailto:SCCHousing@BACH.health).)
- Other(s): \_\_\_\_\_

**Additional Comments:**

*For Positive Connections Staff Use only*

Client Self-Referral, Referral Date: \_\_\_\_\_

Case Manager Response:  Client not found  Client refused services  Client Ineligible  Client contacted

Case Manger Name: \_\_\_\_\_ Date: \_\_\_\_\_