

Advancing Futures Initiative

Your Journey Your Way



In partnership with The City of Hartford



Advancing Futures Initiative

#YourJourneyYourWay

The Advancing Futures initiative is designed to support individuals living with HIV within the Greater Hartford area. This experience helps individuals considering or pursuing employment to enhance their economic and personal well-being. Person-centered employment and other meaningful activities have a positive impact on health, increase financial stability, and improve quality of life.

Service options may include:

- Personal interest and career exploration
- Goal setting
- Referrals to benefits counseling, legal and other supportive services
- Access to training and education
- Resume building
- Interview preparation
- Job search and application assistance
- Access to volunteer opportunities

Second page for referral

FAX

TO: Tamera Aryeetey, Employment Navigator Fax # 860-761-6711

FROM: _____ Email: _____

DATE: _____ PAGES: _____ (including cover)

RE: Advancing Futures Referral Packet

Required Checklist:

- ☐ ☐ Advancing Futures Referral Form
- ☐ ☐ Connecticut HMIS Release of Information
- ☐ ☐ Proof of Income or Zero Income Affidavit
- ☐ ☐ Proof of HIV Status
- ☐ ☐ HOPWA Release of Information
- ☐ ☐ Signed ACT Bill of Rights

Advancing Futures Referral Form

Please send completed form to Tamera Aryeetey at taryeetey@act-ct.org

Job Seeker Name: _____ Primary Language Spoken: _____

DOB: _____ Phone: _____ Email: _____

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

Race: ☐ Black ☐ White ☐ Native American ☐ Asian ☐ Hawaiian/Pacific Islander ☐ Multiracial

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino Document Ready: ☐ Yes ☐ No

If no, what is missing? ☐ Social Security Card ☐ Birth Certificate ☐ CT Picture ID

Household Size: _____ Household Income: _____

Currently Employed? ☐ Yes ☐ No

If yes, employer and job title: _____

If no, date of most recent employment: _____ Job Title: _____

Education (highest level completed): _____ Criminal History? ☐ Yes ☐ No

Do they receive benefits? ☐ Yes ☐ No Check any that apply: ☐ Cash Assistance ☐ SSDI

☐ SSI ☐ SNAP ☐ Medicaid ☐ Medicare ☐ Housing Assistance ☐ Other: _____

Do they have transportation? ☐ Yes ☐ No Check any that apply: ☐ Own Car ☐ Public Bus

☐ ADA Paratransit ☐ Uber/Lyft/Taxi ☐ Friend/Family ☐ Other: _____

What type of work/career is the job seeker interested in pursuing? Are they willing to attend training?

Please list any of the job seeker's relevant skills or interests:

Please list any necessary accommodations:

***** REFERRAL SOURCE INFORMATION *****

Name of person making referral: _____ Referral Date: _____

Agency: _____

Phone: _____ Email: _____

FOR ACT USE ONLY: Date Received _____

Updated: 3/31/26

CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

It is up to you whether you want to sign this form. The information you allow us to disclose could later be re-disclosed by the recipient and if that person or organization is not a health plan or health care provider, the information may no longer be protected by Federal privacy regulations. Your decision whether to complete this form will not affect your eligibility for benefits, treatment, payment, or enrollment in other services.

- The Connecticut Homelessness Management Information System (CT HMIS) is a shared system. This means that authorized CT HMIS Participating Agencies will enter your information into the CT HMIS database. These participating agencies will have access to the information that is entered into HMIS. Sharing your data allows service providers to see if they have housing services that fit your needs. It does not guarantee that you will receive housing. The type of information collected in the system includes basic identifying information for you and each member of your household (including name, SSN, date of birth, gender, race, ethnicity, household information, phone number, military veteran status, phone numbers, military veteran status, and disability status). The information entered into HMIS may include information regarding your physical and mental health, including history of substance abuse or HIV/AIDs; whether you are currently receiving services or treatment; and about referrals for services and housing by participating agencies.

A list of participating agencies which will have access to your information is attached. To see a list of participating agencies please go to this website: <http://www.cthmis.com/info/detail/general-hmis-info/23> and click the "CT HMIS - List of Participating Agencies" link at the bottom of the page.

Amendments and/or changes are made to this list from time to time. You may request an updated paper copy from The Connecticut Coalition to End Homelessness (860-721-7876) at any time.

NAME (LAST, FIRST): _____ **DATE OF BIRTH:** _____

I authorize the agencies referenced above to input my information described above into CT HMIS and to access my information stored there for the purpose of ensuring effective coordination of services. Information entered into or accessed from CT HMIS will not be used in any way to diagnose or treat any physical or mental health conditions.

- I understand that my information may be used for research, evaluation, and advocacy. This may include research projects that seek to match my needs with other agencies or programs that may assist in providing housing, case management, or other health and/or homelessness-related services. I will always be protected by federal and state privacy laws. My personal identity will never be part of any research reports.
- A representative of the **Greater Hartford CAN** has explained my rights with regard to the CT HMIS Project to me and given me a written copy of the explanation.
- This release of information additionally covers all minor members of the household accessing services.
- I can ask to see a document which lists the persons who have updated my client record in the CT HMIS. If I have any concerns about how my personal data is being used or entered into the CT HMIS database I can contact CCEH.

I understand that if I need homeless assistance in the future, I will be asked to complete this consent form again.

NOTICE TO RECIPIENT OF CLIENT'S INFORMATION

All or part of this information may have been disclosed to you from records protected by Federal and/or Connecticut state law which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law(s). A general authorization for the release of medical or other information is NOT sufficient for this purpose. In addition, Federal rules (42 C.F.R. Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I understand that this form will expire two years from the date I signed it. I may revoke this authorization in writing at any time; however, I understand that revoking it cannot be change anything about information disclosures that have already occurred.

Client Signature: _____ Date: _____

CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

Note: If you are a legal guardian or representative, you must attach a copy of your legal authorization to represent the member and complete the following:

Signature of Guardian/Representative: _____

Print: _____ Date: _____

Legal Authority: _____

Agency witness signature

Print Name

Date

If you have any questions or need additional information regarding this form please contact the Connecticut Coalition to End Homelessness at 860-721-7876 or online at cceh.org.

CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

If you have any questions or need additional information regarding this form please contact CCEH at 860-721-7876 or on line at www.cceh.org.

Agencies that Participate in CT HMIS as of 2/7/22

FAIRFIELD COUNTY CAN	
ABCD, Inc.	Laurel House
ABRI - Homes for the Brave	Liberation Programs (LMG)
AIDS Project Greater Danbury	Malta House, Inc.
Alpha Community Services	MCCA-Midwestern Connecticut Council on Alcoholism
Association of Religious Communities (ARC)	Mid Fairfield AIDS Project
Bridge House	New Opportunities, Inc.
Bridgeport Rescue Mission	New Reach, Inc
Bridgeport Tabernacle Community Development	Norwalk Emergency Shelter (Open Door Shelter)
Casa Inc.	Operation Hope
Catholic Charities of Fairfield County (Bridgeport)	Refocus Abbey's House
Catholic Charities of Fairfield County (Danbury)	Refocus Outreach Ministry
Center for Human Development - Conn. Outreach West	RNP - Recovery Network of Programs, Inc.
City of Bridgeport	Shelter For The Homeless
City of Danbury (COD)	South Western CT S+C
Danbury Housing Authority	St. John's Family Center
Family and Children's Agency	St. Vincent's CRS
Family and Children's Aid	Supportive Housing Works
Frank Habanksy Food Pantry	The Connection
Healing Tree Economic Development	The Workplace
Homes with Hope Inc.	Western Connecticut Mental Health Network
Inspirica, Inc.	

GREATER HARTFORD CAN	
AIDS CT (ACT)	Journey Home
Capitol Region Mental Health S+C	Judah House
Christian Activities Council (CAC)	Manchester Area Conference of Churches, Inc.
Chrysalis Center Inc.	Mercy Housing and Shelter
Columbus House Inc.	My Sister's Place
Community Health Resources	Open Hearth Association
Community Renewal Team (CRT)	Salvation Army Marshall House - Hartford
Cornerstone Shelter	South Park Inn
Hands On Hartford	Tabor House
House of Bread	Tri-Town Shelter Services, Inc.
ImmaCare	VA Connecticut - Outreach
Inter Community Mental Health Group	YWCA Of The Hartford Region

GREATER NEW HAVEN CAN	
Area Congregations Together	Jewish Family Services
Beth El Center	Leeway
BHcare	Liberty Community Services Inc.
Christian Community Action Inc.	New Reach
Columbus House Inc.	The City of New Haven
CMHC Community Services Network	The Connection
Continuum of Care	Youth Continuum
Emergency Shelter Management Services	

WATERBURY/LITCHFIELD CAN

CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

Catholic Charities of Waterbury - Food Pantry	New Opportunities, Inc.
Center for Human Development - Conn. Outreach West	NWCT YMCA
Charlotte Hungerford Hospital Beh. Health Center	Salvation Army Family Shelter - Waterbury
FISH of NW CT	St. Vincent DePaul Mission Shelter of Waterbury
Independence Northwest (INW)	Torrington Y Limited Partnership
McCall Foundation	Waterbury Hospital
Mental Health Association of CT	Western Connecticut Mental Health Network

MERIDEN/MIDDLESEX/WALLINGFORD (MMW) CAN	
Chrysalis Center Inc.	River Valley Services
Columbus House Inc.	Rushford Center Inc.
Community Health Center Inc. (CHC)	St. Vincent de Paul Middletown
Mercy Housing and Shelter Corp	The Connection - Eddy Center
New Opportunities, Inc.	Wallingford Emergency Shelter
New Reach	

CENTRAL CT CAN	
Chrysalis Center Inc.	Salvation Army - New Britain Corps Community Center
Columbus House Inc.	St. Philip House
Community Mental Health Affiliates	St. Vincent DePaul Mission of Bristol
Friendship Service Center of New Britain, Inc.	Veterans Inc.
Human Resources Agency of New Britain	YMCA
Prudence Crandall	Salvation Army - New Britain Corps Community Center

EASTERN CAN	
Access Agency, Inc.	Perception Programs
Columbus House	United Services Inc. (Balance of State)
Holy Family Home and Shelter	Windham Regional Community Council
Alliance for Living	Reliance House
Bethsaida Community Inc.	Southeastern Mental Health Authority
Columbus House	Thames River Community Service, Inc.
Covenant Shelter	Thames Valley Council for Community Action
Mystic Area Shelter and Hospitality	The Connection - Supportive Housing New London
New London Hospitality Center	United Way of Southeastern CT
Norwich Human Services	

STATEWIDE ORGANIZATIONS	
STATE OF CONNECTICUT	UNITED WAY OF CONNECTICUT
Department of Social Services	211 Infoline
Department of Housing	Nutmeg Consulting
Department of Mental Health & Addiction Services	Connecticut Coalition to End Homelessness

CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

This authorization is voluntary. The information you authorize us to disclose may be subject to re-disclosure by the recipient and if the person or organization authorized to receive the information is not a health plan or health care provider, the information may no longer be protected by Federal privacy regulations. We may not condition your receipt of treatment, payment, enrollment, or eligibility for benefits on completion of this authorization.

In addition to the agencies that utilize CT-HMIS, by authorizing the release of information you are also agreeing to share your information with all the participants of the Greater Hartford Coordinated Access Network, listed below.

This information may include medical, mental health/psychiatric, criminal record, HIV/AIDS, Housing, alcohol and/or drug abuse or other information as it relates to determining your eligibility for housing and support services.

Agencies covered by the terms and conditions of this authorization are:

- 211
- Advancing CT Together (ACT)
- Bloomfield Social & Youth Services
- Blue Hills Civic Association
- Capital Region Mental Health Center
- Catholic Charities
- Center Church
- Charter Oak Cultural Center
- Charter Oak Health Center
- Community Health Network of Connecticut
- Community Health Resources
- Community Health Services
- Chrysalis Center
- City of Hartford
- Columbus House
- Community Partners in Action
- Community Renewal Team
- Connecticut Coalition to End Homelessness
- Connecticut Coalition Against Domestic Violence
- Cornerstone Foundation Shelter
- CT Department of Housing
- CT Department of Mental Health and Addiction Services
- CT Department of Correction
- CT Department of Social Services
- CT Heroes Project
- First Choice Health Center
- Greater Hartford Harm Reduction Coalition
- Hands on Hartford
- Hartford Business Improvement District
- Hartford Dispensary
- Hartford HealthCare
- Hartford Job Corps Academy
- HOPE Team
- House of Bread
- ImmaCare Inc.
- InterCommunity
- Interval House
- Journey Home Inc.
- J. D'Amelia
- Loaves and Fishes, Inc.
- MACC Charities
- Mercy Housing and Shelter Corporation
- My Sisters' Place
- Nutmeg
- Partnership for Strong Communities
- Salvation Army of Hartford
- San Juan Center
- South Park Inn
- St. Francis Hospital
- The Network Against Domestic Abuse
- The Open Hearth
- The Connection, Inc.
- The Village for Children and Families
- Town of Enfield Social Services
- Town of Manchester Social Services
- Beacon Health Options
- Veteran's Administration
- Veteran's Inc.
- West Hartford Housing Authority
- Wheeler Clinic
- YWCA
- Zezzo House

Signature

Date

Note: If you are a legal guardian or representative, you must attach a copy of your legal authorization to represent the member and complete the following:

Signature of Guardian/Representative: _____

Print: _____

Date: _____

Legal Authority: _____

NOTICE TO RECIPIENT OF INFORMATION

All or a portion of this information may have been disclosed to you from records protected by Federal and/or Connecticut state law which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law(s). A general authorization for the release of medical or other information is NOT sufficient for this purpose. In addition, Federal rules (42 C.F.R. Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

HIV/AIDS Housing Authorization for Release of Information

I, _____, date of birth _____, authorize the HIV/AIDS Housing Agencies listed to obtain and disclose confidential information about me as described below.

Greater Hartford HIV/AIDS Housing Agencies:

AIDS Connecticut
Chrysalis Center, Inc./St. Philip's House
City of Hartford
Community Health Resources
CT Department of Housing
Hands On Hartford/Zezzo House
Human Resources Agency of New Britain
Journey Home
Mercy Housing and Shelter Corporation

The nature and extent of confidential information to be used or disclosed:

[Initial each line for information you wish to disclose]

_____ All medical information including diagnoses, test results, and treatments

_____ Mental Health/Psychiatric, including progress notes

_____ HIV/AIDS status

_____ Criminal Record

_____ Educational Records

_____ Housing Status

_____ Alcohol and/or Drug Abuse

_____ Other:

Limitations on disclosure:

I understand that the purpose of this Authorization is for the HIV/AIDS Housing Agencies listed above to be able to share information to coordinate services for me, to receive referrals between agencies providing various services, and to discuss my case at HIV/AIDS Housing Agency meetings in order to help me obtain housing and services. I also understand that all of the information checked above may be discussed by any employee or member of any of the agencies listed.

This Authorization will be valid for a period of two years from the date I sign it. I understand that I may revoke this Authorization at any time by notifying Journey Home in writing, and Journey Home will disseminate my revocation to the HIV/AIDS Housing Agencies. However, if I revoke this Authorization, it will not have any effect on actions already taken by the HIV/AIDS Housing Agencies before Journey Home received the revocation. I agree that a photocopy of this Authorization will be as valid as the original.

I understand that the information disclosed under this Authorization may be subject to further disclosure by HIV/AIDS Housing Agencies in order to obtain housing and/or services for me and thus, may no longer be protected by federal privacy regulations. I understand that my treatment or continued treatment with any health care provider or my enrollment or eligibility for benefits with any health plan may not be conditioned upon whether or not I sign this Authorization, and that I do not have to sign it.

I understand that any HIV-related information, psychiatric information, or drug and alcohol abuse information released to the HIV/AIDS Housing Agencies listed above will be subject to the following additional restrictions:

HIV-Related Information:

In the event that information released to the HIV/AIDS Housing Agencies constitutes confidential HIV-related information protected under Connecticut law:

This information has been disclosed to the HIV/AIDS Housing Agencies from records whose confidentiality is protected by state law. State law prohibits the HIV/AIDS Housing Agencies from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Psychiatric Information:

In the event that information released to the HIV/AIDS Housing Agencies constitutes confidential psychiatric information protected under Connecticut law:

This information has been disclosed to the HIV/AIDS Housing Agencies from records whose confidentiality is protected by state law. State law prohibits the HIV/AIDS Housing Agencies from making further disclosure of this information or from using it for any purpose other than that indicated above without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law.

Drug and Alcohol Abuse Information:

In the event that information released to HIV/AIDS Housing Agencies is protected by the HHS Confidentiality of Alcohol and Drug Abuse Patient Records regulations:

This information has been disclosed to the HIV/AIDS Housing Agencies from records protected by Federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit the HIV/AIDS Housing Agencies from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Client Signature _____

Date _____

Witness Signature _____

Date _____

Representative Signature _____

Date _____

**Advancing Connecticut Together
Policy and Procedure Acknowledgement**

I have received a copy (or have had read to me) the following Advancing Connecticut Together policies and procedures:
1) Client Consent and Agreement; 2) Notice of Privacy Practices; 3) Client Bill of Rights; 4) Grievance Procedure and 5) Release of Information Procedure

1. Client Consent and Agreement

Policy: ACT requires that a signed informed consent agreement be signed between the agency submitting an application to ACT and the client. This agreement must be submitted to ACT as part of an application for services. This form authorizes the information on the application to be submitted. Applications cannot be reviewed without the client's express permission.

2. Notice of Privacy Practices

Policy: All records are confidential as per CT state law. Client information is made available to funding agencies without written permission for quality assurance and reporting purposes. Information obtained by the funding agencies for quality assurance and reporting purposes will utilize a coded client identifier when reported. All other client data will be maintained at ACT's office in a secured location with access limited to provider designated staff and quality assurance staff from funding sources. Additional ACT office practices regarding confidentiality are spelled out on our website at: www.AIDS-CT.ORG. A copy of the CT state law is provided below.

Sec. 19a-581. Definitions. (8) "**Confidential HIV-related information**" means any information pertaining to the protected individual or obtained pursuant to a release of confidential HIV-related information, concerning whether a person has been counseled regarding HIV infection, has been the subject of an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or information which identifies or reasonably could identify a person as having one or more of such conditions, including information pertaining to such individual's partners;
(9) "Release of confidential HIV-related information" means a written authorization for disclosure of confidential HIV-related information which is signed by the protected individual or a person authorized to consent to health care for the individual and which is dated and specifies to whom disclosure is authorized, the purpose for such disclosure and the time period during which the release is to be effective. A general authorization for the release of medical or other information is not a release of confidential HIV-related information, unless such authorization specifically indicates its dual purpose as a general authorization and an authorization for the release of confidential HIV-related information and complies with the requirements of this subdivision...

Sec. 19a-583. Limitations on disclosure of HIV-related information. (a) No person who obtains confidential HIV-related information may disclose or be compelled to disclose such information, except to the following:
(1) The protected individual, his legal guardian or a person authorized to consent to health care for such individual; (2) Any person who secures a release of confidential HIV-related information; (3) A federal, state or local health officer when such disclosure is mandated or authorized by federal or state law; (4) A health care provider or health facility when knowledge of the HIV-related information is necessary to provide appropriate care or treatment to the protected individual or a child of the individual or when confidential HIV-related information is already recorded in a medical chart or record and a health care provider has access to such record for the purpose of providing medical care to the protected individual; (5) A medical examiner to assist in determining the cause or circumstances of death; (6) Health facility staff committees or accreditation or oversight review organizations which are conducting program monitoring, program evaluation or service reviews; (7) A health care provider or other person in cases where such provider or person in the course of his occupational duties has had a significant exposure to HIV infection, provided Criteria are met
(8) Employees of hospitals for mental illness operated by the Department of Mental Health and Addiction Services information. Disclosure shall be limited to as few employees as possible and only to those employees with a direct need to receive the information to achieve the purpose authorized by this subdivision:...

3. Client Bill of Rights

As a participant in ACT's programs, you have the right . . .

- To be treated with respect, dignity, consideration, and compassion.
- To receive services free of discrimination on the basis of race, color, sex/gender, gender expression or identity, ethnicity, national origin, religion, age, class, sexual orientation, physical and or mental ability.
- To participate in creating a plan with the case manager submitting your application to ACT.
- To be informed about services and options available to you.
- To withdraw your voluntary consent to participate in the program, but you will no longer be eligible for our services.
- To have your medical records and case management records be treated confidentially.
- To have information released only in the following circumstances: (a) When you sign a written release of information; (b) When there is a medical emergency; (c) When a clear and immediate danger to you or to others exists; (d) When there is possible child or elder abuse; (e) When ordered by a court of law.
- To file a grievance about services you are receiving or denial of services.
- To not be subjected to physical, sexual, verbal and/or emotional abuse or threats.

As a participant in our program you have the responsibility...

- To treat the staff of this agency with respect and courtesy.
- To participate as much as you are able in creating a plan for stable living with your case manager.
- To let your case manager know any concerns you have about your needs.
- To provide to the best of your ability the required documentation outlined in the program application.
- To stay in communication with your case manager by informing him/her of changes in your address or phone number and responding to the case manager's calls or letters to the best of your ability.
- ~~To not subject agency case managers, staff, or other clients to physical, sexual, verbal and/or emotional abuse or threats.~~

4. Grievance Procedure

Policy: If an applicant for ACT's programs is denied assistance or deemed ineligible, the client has the right to file an appeal/grievance.

Procedure: The client should instruct his/her case manager to complete a copy of ACT's appeal/grievance policy form. This form and step-by-step instructions must be used to file an appeal/grievance. All case managers have a copy of this form, which is also available on-line at www.AIDS-CT.org.

5. Release of Information Procedure

Policy: Advancing Connecticut Together will not release client information, unless required by law, without a completed release of information form. A client will be informed in writing of the reason for the request and will be presented with a release of information form. (ACT requires a completed release of information in order to receive an application from a client, but will not release any information without one specifically allowing ACT to do so. A release of information will be provided at the time a request to release information is made to the client.)

I, _____, understand the above policies.

Client Signature Date

Case Manager Signature Date

This agreement is for the duration of client services*