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ADVANCING TOGETHER
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Client Assistance Funds - Ryan White B
Services and E2CT Requirements

Eligibility Criteria

To be eligible for CAF/HAG RWB Services, individuals must:

- be HIV positive. In cases where the client is affected rather than infected, the service(s) must be intended to provide direct benefit for the infected individual(s)
- reside in Connecticut
- Federal Income Cap of 300% of poverty (by family size) using gross income (before taxes)

Required Documentation:

- **e2CT Referral.** If the submitting case manager is RWA/only has access to CAREWare, a Demographic Report (page 2) must be submitted so that the CAF/HAF Coordinator can create a client file in the RWB database
- Ryan White Eligibility Worksheet
- Household Income verification (Current year's DSS award, SSD/SSI, four consecutive paystubs, employer letter, or zero income affidavit)
- Release of Information to ACT/RW Network
- **Signed ACT agency e2CT Consent**
- Documentation of HIV status including CD4/Viral Load within past year OR HIV attestation
- **Copy of Identification OR Identity Attestation**
- **Residency Verification or Residency Attestation form**

Enrollment Method

You may submit your completed application and Intake forms using one of the following methods:

- **By Fax:** 860-761-6711
- **By Encrypted Email:** cafhaf@act-ct.org
- **Uploaded into CAREWare**

CAF/HAF RWB Services Include:

- Utility Assistance
- Arrearage Assistance
- First Month's Rent (Security Deposit must be paid prior to appling)
- Medical Transportation: Bus Passes and Gas Cards
- Food Voucher Assistance
- Emergency Housing

APPLICANT INFORMATION

ARE YOU COMPLETING THIS APPLICATION: ☐ **FOR YOURSELF** ☐ **OR ON BEHALF OF SOMEONE ELSE**

LAST NAME: **FIRST NAME:**

CADAP ID NUMBER: **DATE OF BIRTH:** / /

HOME PHONE: – – **CELL PHONE:** – – –

SOCIAL SECURITY NUMBER:

CONNECTICUT RESIDENTIAL STREET ADDRESS ☐ **DO NOT SEND MAIL HERE**

STREET ADDRESS:

STREET ADDRESS (LINE 2):

CITY: **STATE:** **ZIP CODE:**

PREFERRED MAILING ADDRESS (MUST BE CONNECTICUT BASED)

ADDRESS:

ADDRESS (LINE 2):

CITY: **STATE:** **ZIP CODE:**

ONE OR MORE OF THE FOLLOWING MUST BE INCLUDED AS PROOF OF CONNECTICUT RESIDENCY:

- Any documents from a government agency (Medicare, Social Security, Veteran's Affairs, SNAP-Food stamps)
- Mortgage statement or lease agreement (most recent)
- Utility bills (electric, water, gas, phone, cable, etc.) within last 30 days
- Photocopy of valid, unexpired CT Driver's License or CT Non-Driver ID Card
- Photocopy of valid, unexpired CT Department of Motor Vehicles-issued Identification card
- U.S. Immigration Card (current)
- Community Service/Ryan White Case Manager Agency Residency Attestation of Homelessness dated within 30 days (use Attestation Form located at the end of this application)
- Property tax bill

Note: All proof of residency must include the applicant's name and home address (no P.O. boxes).

Note: It is important to know that because continued funding is uncertain, the scope of services and conditions of participations in Client Assistance and Housing Assistance may change in the future. Ryan White is a payer of last resort and services are intended for emergency needs, not ongoing-assistance are not an entitlement.

CONNECTICUT RESIDENCY ATTESTATION

Client Assistance Funds Residency Attestation For agency use only:

May only be completed by a Representative/Case Manager/Health Care Worker

☐ I affirm I have confirmed the client at the above address identified on the Demographic Report (page 2)

☐ I affirm the client is homeless.

Staff Member Printed Name	***Name of Provider Agency***
Staff Member Signature	***Date***