



HIVCareLink
PO Box 36223
Denver, CO 80236
303-382-1344
HIVCareLink.org

HIV Care Link's (HIVCL) Positive Move Project provides free* moving assistance to people living with HIV/AIDS. Services are dependant on funding and volunteer availability. Referral to the Positive Move Project does not guarantee that HIVCL will assist or be able to assist with client's moving needs.

Guidelines effective November 1, 2011:

- A move is limited to one trip in a 17-foot truck (one bedroom apt. is ideal) in the Denver area
- Moves are scheduled for a Saturday on a first-come, first-served basis
Requests for moving help should be made at least 2 weeks to a month in advance of the projected moving date. We will create a waiting list, in case of a cancellation.
- We schedule 1 or 2 moves each week on Saturday, usually one at 9am and the other at 1pm
- After a move is scheduled, client must contact and confirm their move with HIVCL 3 days—by Wednesday—prior to the move
Unconfirmed moves will be cancelled and the time slot given to the next person on the waiting list
- Pre-move inspection of client's preparedness for the move may be conducted by HIVCL
If client is unprepared for the move, client may be placed on the waiting list rather than scheduled
- We gladly move what the client has packed—unpacked items will not be moved
Non-furniture items must be packed securely in a bag or box. If client is incapable of packing, we must be notified at least 7 days prior to move date. We may attempt to recruit volunteers to assist with packing before the move date. There is no guarantee of assistance because service is dependant on volunteer availability.
- Client must be present during the entire move and must assist in the move in whatever capacity is reasonable for the client
- Client participates in the Positive Move Project at their own risk and must sign the waiver below
- HIVCL reserves the right to cancel a move for any reason at its sole and absolute discretion
- Maximum of 2 moves per client per calendar year

* Anything outside of these guidelines may be charged, payable by the client in advance.

HIV Care Link Waiver

I, (Client name) _____, do hereby release HIV CARE LINK, any and all of its predecessors, affiliates, successors and assigns, heirs, personal representatives, executors, administrators, attorneys, employees, staff members, volunteers, board members, agents, servants and insurers of and from any and all liability for any and all claims, demands, damages, costs, liabilities, losses of service, losses, expenses, compensations, reimbursements, actions, rights and causes of action of whatsoever kind and nature, including without limitation, all damages, expenses, costs, losses, liabilities, claims and damage to property, bodily injuries, personal and psychological injuries, and the consequences thereof, which I may now or hereafter have, directly or indirectly resulting from or in any way arising from, or by reason of, any and all services provided by HIV Care Link.

Client Signature _____ Date _____

Witness Signature _____ Date _____