

RYAN WHITE PART B PROGRAM RE-CERTIFICATION FORM (September 2015)

ITEMS THAT MUST BE RETURNED WITH THIS FORM

One document from each of the following categories

If you are married you must return proof of income for your spouse also

Proof of Income:

- Three of your most recent pay stubs/earning statements **or**
- Social Security/Disability Letter **or**
- Supplemental Security Income (SSI) Letter **or**
- Unemployment Statement **or**
- Affidavit of Zero Income (*you can request this from your case manager*) **or**
- Schedule C from most recent Income Tax Forms (*if you are self-employed*)

Proof of Residency:

- Utility Bill **or**
- Rent / Mortgage Agreement **or**
- Utah Driver License **or**
- Homeless Shelter Voucher **or**
- Bank Statement **or**
- Utah ID **or**
- Federal IRS Tax Transcript **or**
- Pay Stub / Earning Statement

Proof of Insurance Denial (*you must get this from your case manager*)

- Medicaid Screening Form
- Proof of Employer Insurance Denial (*if applicable*)

The Ryan White Part B Program will not accept incomplete re-certification applications.

Name: (Last, First, Middle Initial) _____ **Birth Date:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Social Security Number:** ____ - ____ - ____ NA Refused

E-mail: _____ **Case Manager's Name:** _____

Are you currently taking HIV medications? Yes No **Doctor's Name:** _____

Whether you file taxes or not, how many dependents do you claim (including self)? _____ **Married:** Yes No

Health Insurance, check all that apply:

- Marketplace (Private-Individual) Private-Employer COBRA Medicare
- Medicaid, CHIP, Other Public (PCN) Military Health Care, VA, Tricare Indian Health Services (IHS)
- No health insurance (includes self-pay or Ryan White) Other Plan: _____

Are you eligible for health insurance benefits under a domestic partner policy? Yes No

Have you ever served in the U.S. Armed Forces, Reserves, or National Guard? Yes No

Did you file taxes for 2014? Yes No

Housing/Living Arrangements: Stable/Permanent Temporary Unstable

Race & Ethnicity Subgroups (Check ALL that Apply)

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> These race and ethnicity subgroups <u>do not apply</u> to me. |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Hispanic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander | |

Sex Sex at birth: Male Female Current Gender: Male Female Transgender: Male to Female Female to Male

HIV Status: HIV+, not AIDS

- HIV+, AIDS status unknown
- CDC-defined AIDS
- HIV Indeterminate (infants < 2yrs)

How do you think you got HIV? (Check ALL that Apply)

- I am a man who had sex with another man
- I injected drugs
- I have Hemophilia/coagulation disorder
- I had sex with a person of the opposite sex
- I got a transfusion of blood, blood components, or tissue
- I got HIV at birth (perinatal)

Date of HIV+ diagnosis: ____ / ____ / ____ (MM/DD/YYYY) I had sex with a person of the opposite sex

If CDC-defined AIDS,

date of AIDS diagnosis: ____ / ____ / ____ (MM/DD/YYYY)

INCOME AND ASSETS INFORMATION: Enter information below for all household members. If an asset is shared with someone not living in your household, enter the amount that belongs to you. Attach another sheet if more space is needed.

MONTHLY INCOME AMOUNT (also include spouse's income)

Wages/Salary _____	Commission/Tips _____	Unemployment _____
Pension/Retirement _____	Social Security _____	Interest Dividends _____
Income from Rental Property _____	Other Income _____	General Assistance _____

ASSETS AMOUNT (write value of all you own)

Checking AND Savings _____	Stocks/Bonds/CDs _____	Real Estate _____
Rental Property (that you rent to others) _____	Life Insurance/Annuities _____	Other Assets _____

I certify that the above information is true, correct, and complete to the best of my knowledge. I realize that providing false information may disqualify me from Ryan White Part B Program services. The Ryan White Part B Program cannot pay for services that have been paid or can reasonably be paid by any State, Federal or private entity that provides health benefits.

I understand that my records are protected under State and Federal regulations and cannot be disclosed without my written consent. I understand that information can be released for billing, chart audits, program monitoring/quality improvement, data reporting, and needs assessment purposes. This document serves as my consent for the release of information. I also understand that I may revoke this consent at any time, in writing, except to the extent that action has been taken in reliance on it.

Applicant's Signature: _____ **Date:** _____

Mail this form and all re-certification documentation to: Box 142104, Salt Lake City, UT 84114-2104 or Fax to 801-536-0978.