

**Maricopa County  
Ryan White Part A  
Eligibility Form**

Client Name: \_\_\_\_\_

Client URN: \_\_\_\_\_

**Instructions:** This worksheet outlines the documents required for eligibility. Please complete and have client sign. A copy of the eligibility form and eligibility documents should be forwarded to the Ryan White Part A office for verification and confirmation.

**SECTION I: Initial Certification**

**Existing Client, continuing in program Proceed to Section II**

Acceptable medical professional signatories include: licensed physician, licensed physician assistant, licensed nurse practitioner, registered nurse working under the supervision of a physician. Proof of HIV Status Please provide copy of ONE of the following:

- Statement from Health Provider w/ original signature on health provider letterhead.
- Fax copy of statement from Health Provider if it is directly from medical professional's office or the client has no way to obtain an original (e.g., out of state) AND the fax copy is from the last 60 days.
- Named hospital discharge report, or other document signed by a medical professional indicating the HIV+ diagnosis of client
- HIV quantitative viral load by bDNA or PCR showing detectable virus level with the client's name imprinted on the laboratory report
- Un-named ADHS lab result accompanied by named lab slip, ensuring that the lab slip number appears on both documents as a cross reference.
- Part A General Release of Information (updated every five years)
- Part A Initial Intake Form

**SECTION II: Residency**

**ALL** residency verifying documents **MUST** meet the following conditions:

- Not a P.O. Box; Date is valid and within the last 90 days, (unless otherwise indicated); Matches the client's stated address on intake/application documents.

Option 1. The client must provide **ONE** of the following. Please check box and provide a copy.

- |  |   |
|--|---|
| <input type="checkbox"/> Food stamp documentation  | <input type="checkbox"/> Unemployment award/benefits statement                                |
| <input type="checkbox"/> General assistance documentation                                  | <input type="checkbox"/> Property tax statement   |
| <input type="checkbox"/> TANF documentation  | <input type="checkbox"/> Homeowners Association (HOA) assessment fee/statement                |
| <input type="checkbox"/> AHCCCS approval or denial letter                                  | <input type="checkbox"/> Mortgage or lease agreement indicating the client's name & residence |
| <input type="checkbox"/> Social Security or Veteran's Administration Benefits award letter |   |

Option 2. If the client does not have one of the above items, they may provide **TWO** of the following items. Please indicate which two items by checking the box and providing copies:

- |  |   |
|--|---|
| <input type="checkbox"/> Non-property tax bill or tax assessment statement | <input type="checkbox"/> Motor Vehicle Department-issued identification card  |
| <input type="checkbox"/> W-2 (tax) form from employer (most recent year)   | <input type="checkbox"/> Immigration identification card  |
| <input type="checkbox"/> Check stub from employer (most recent)            | <input type="checkbox"/> Utility bills (most recent) Could include- cable TV, Internet, APS, SRP, Southwest Gas, Water/Sewage/Garbage, Phone Line |
| <input type="checkbox"/> Bank statement (most recent month)                |   |
| <input type="checkbox"/> Drivers license                                   |   |

Option 3. If the client does not have the above items, they may provide **TWO** of the following. Please indicate which two items the client is providing:

- |  |   |
|--|---|
| <input type="checkbox"/> Other verification document dated letter mentioning client by name & address where they reside. (i.e.; from Friends, Family, person that knows of whereabouts.) | <input type="checkbox"/> A statement from client's case manager indicating the case manager has met with client in a home visit at a specific address in the Phoenix EMA                    |
| <input type="checkbox"/> A billing statement from a department store, doctor's office, insurance company, or cell phone company (examples)   | <input type="checkbox"/> A statement from another service provider (RW Part A or medical provider) indicating the client has received a home visit at a specific address in the Phoenix EMA |
| <input type="checkbox"/> An official piece of mail such as a voter registration card (example)   | <input type="checkbox"/> Written statement from a homeless service provider (shelter, clinic, food program, Transitional housing or extended care facility, etc.) verifying homelessness    |
|  | <input type="checkbox"/> One item from Option 2 and one item from Option 3. Please also check the two corresponding boxes.  |

**Maricopa County  
Ryan White Part A  
Eligibility Form**

Client Name: \_\_\_\_\_

Client URN: \_\_\_\_\_

**SECTION III: Income verification**

Client must provide at least one verification of income and household. Any pay stubs MUST be from the last 90 days. Any tax information must be from most recent year. Please check all boxes that apply and provide copies.

- |  |   |
|--|---|
| <input type="checkbox"/> 1 month of check stubs or employer statements listing gross wages | <input type="checkbox"/> Social security award letters, food stamp, G.A., or AFDC award letters                                     |
| <input type="checkbox"/> 3 months of self-employment business records                      | <input type="checkbox"/> Other current documentation showing income or source of assistance, received (may include latest W-2 form) |
| <input type="checkbox"/> Income award letters/grant or educational benefits letter         |   |

Please use included EXCEL sheet to calculate annual income and household size.

**SECTION IV: Other Payer Sources**

Are there any other payers? Please check all that apply.

- |  |                                   |                                |   |
|--|-----------------------------------|--------------------------------|---|
| <input type="checkbox"/> AHCCCS                  | <input type="checkbox"/> Medicare | <input type="checkbox"/> ALTCS | <input type="checkbox"/> VA (Veteran's Affairs) |
| <input type="checkbox"/> Other insurance _____   |                                   |                                |   |
| <input type="checkbox"/> No sources of insurance |                                   |                                |   |

**SECTION V: Client Certification for Accuracy**

Client Initials: \_\_\_\_\_

- \_\_\_\_\_ I understand that if I have other sources of insurance, I may still qualify for Ryan White funds.
- \_\_\_\_\_ I certify that the above information is true and accurate to the best of my ability. Any unreported items may result in loss of eligibility.
- \_\_\_\_\_ I understand that I must report any changes to Income/residency/other payer sources immediately to continue receiving services funded by Ryan White Part A.
- \_\_\_\_\_ I understand that I must provide the documentation necessary as it relates to my Income/Residency/other payer sources status at least every six months including when a change is made to continue receiving services funding by Ryan White Part A.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Client Printed Name

**SECTION VI: Provider Certification for Accuracy**

To be completed by representative of service provider:

I certify that the above information is true and accurate to the best of my ability. Any unreported items may result in the client losing eligibility and will be discontinued from receiving services funded by Ryan White Part A.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Provider Representative Signature Date

\_\_\_\_\_  
Provider Representative Name(Print) Provider