

# Ryan White Part A, C, and D Eligibility Documents



Name: \_\_\_\_\_ URN: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Eligibility Specialist Reviewing: \_\_\_\_\_

Documentation from each category must be attached to this document and easily located in the client file for each initial registration and six month reassessment on all Part A clients. Please see current eligibility guidelines for details.

<b>#1) PROOF OF HIV DIAGNOSIS</b>	
All clients must provide medical/legal documentation of HIV infection upon <b>initial enrollment</b> .	
	a. Western Blot
	b. Physician's Letter on letterhead signed by M.D. indicating that person is HIV positive with diagnosis date.
	c. Quantitative viral load test with value when accompanied by a physician letter stating HIV positive diagnosis.
	d. Positive HIV immunoassay and positive HIV Western Blot
	e. Positive HIV immunoassay and detectable HIV RNA
	f. Two positive HIV immunoassays (should be different assays based on different antigens or different principles)

<b>#2) PROOF OF RESIDENCY</b>	
(2 forms required)	
The documents must be dated and current.	
	a. Current lease/Rental Agreement
	b. Rent/Mortgage Receipt (dated within the past 30 days)
	c. Utility Bill (dated within the past 30 days)
	d. Affidavit of Living Arrangements (dated within the past 30 days)
	e. Letter from a Government Agency
	f. Voter Registration/Vehicle Registration
	g. Prison Release Papers
	h. Current Nevada or Arizona Driver's License (verify address is within Clark, Nye or Mohave County)
	i. Current Nevada or Arizona DMV Identification Card (verify address is within Clark, Nye or Mohave County)
	j. Consulate Identification Card (verify address is within Clark, Nye or Mohave County)
	k. Resident Alien Card (verify address is within Clark, Nye or Mohave County)
	l. Other verifiable government issued photo ID with address (verify address is within Clark, Nye or Mohave County)
	m. Dependent Support Form with current utility bill rent/mortgage receipt, etc. (verify address is within Clark, Nye or Mohave County)
	n. Homeless Declaration Form
	o. Tax Return with Clark, Nye or Mohave County address
	p. Proof of property taxes paid in Clark, Nye or Mohave County

<b>#3) PROOF OF IDENTIFICATION</b>	
(one of the following documents is required)	
	a. Current Nevada/Arizona Driver's License
	b. Current Nevada DMV Card
	c. Passport/Foreign Country ID
	d. INS papers/Permanent Resident Card
	e. Government issued photo ID card
	f. Consulate Card
	g. Resident Alien Card (U.S. citizenry not required)
	h. Social Security Card or Birth Certificate; must be in conjunction with photo ID (a-g)

<b>#4) PROOF OF HOUSEHOLD</b>	
Household makeup includes client, spouse, registered domestic partner and dependents. (as applicable)	
	a. Marriage License/Domestic Partner Registration Form
	b. Birth Certificates of dependents in household
	c. Tax Return

<b>#5) PROOF OF INCOME LEVEL</b>	
Proof of gross household income not to exceed 400% FPL based on their Modified Adjusted Gross Income (MAGI). Household income includes the income of anyone client claims on their taxes or the income of someone who claims client on their taxes.	
	a. Copy of most recent month of pay stubs
	b. Copy of disability, SSL, retirement, pension statements, VA, child support/alimony, unemployment benefits, etc
	c. IRS Statement of income for client/clients spouse for the year immediately preceding the application
	d. Profit and Loss Statement from self-employment
	e. Statement of no income
	f. Statement of cash assistance
	g. bank statements with direct deposits, must be in conjunction with check stubs
	h. Pre-paid debit card statements
	i. Dependent Support Form

<b>#6) LABS-CURRENT CD4 AND VIRAL LOAD</b>	
within the past 6 months	
	Not required for eligibility but may be required to receive certain services such as dental.

<b>#7) INSURANCE ELIGIBILITY or EXEMPTION from NEVADA HEALTH LINK (including Medicaid)</b>	
	a. Proof of application or exemption

<b>#8) EXISTING INSURANCE COVERAGE</b>	
	a. Insurance Verification Letter from Employer or insurance benefit package if client has current insurance that needs to be evaluated for adequate coverage.

Date: \_\_\_\_\_

Client Signature:

\_\_\_\_\_