

Ryan White Part A, C, & D Registration Letter



Thank you for your recent registration and interest in receiving Ryan White Part A or C services. The Ryan White Part A and Ryan White Part C HIV/AIDS Programs are federal programs that addresses the unmet health needs of persons living with HIV/AIDS (PLWH/A) by funding primary health care and support services that enhance access to and retention in care.

Part A

The eligibility process for the Part A program begins today, _____. Your eligibility begin date is _____ and your eligibility end date is _____. It is your responsibility to schedule an appointment by _____ for you eligibility redetermination. If you have any questions about your eligibility approval, please contact:

_____ at _____
Agency Name/Phone Number

Part C

The eligibility process for the Part C program begins today, _____. Your eligibility begin date is _____ and your eligibility end date is _____. It is your responsibility to schedule an appointment by _____ for you eligibility redetermination. If you have any questions about your eligibility approval, please contact:

_____ at _____
Agency Name/Phone Number

Part D

The eligibility process for the Part C program begins today, _____. Your eligibility begin date is _____ and your eligibility end date is _____. It is your responsibility to schedule an appointment by _____ for you eligibility redetermination. If you have any questions about your eligibility approval, please contact:

_____ at _____
Agency Name/Phone Number

Pending Eligibility – Please return with the following document(s):

#1) PROOF OF HIV DIAGNOSIS All clients must provide medical/legal documentation of HIV infection upon initial enrollment.
#2) PROOF OF RESIDENCY Two forms are required The documents must be dated and current.
#3) PROOF OF IDENTIFICATION One document is required.
#4) PROOF OF HOUSEHOLD Household makeup includes client, spouse, registered domestic partner, and dependents.
#5) PROOF OF INCOME LEVEL Proof of gross income not to exceed 400% FPL based on most recent month.
#6) LABS-CURRENT CD4 AND VIRAL LOAD within the past 6 months (not required for eligibility)
#7) NEVADA MEDICAID APPLICATION/ENROLLMENT IN NEVADA HEALTHLINK
#8) PROOF OF NO INSURANCE COVERAGE

It is important to stay connected and registered in all Ryan White parts. The Ryan White Part B application is separate from Part A and C and can be completed at a Part B eligibility agency. Please report any changes to your registering agency. These changes may include your address, telephone number, financial needs, living arrangements, services needs or physicians name.

Client's Signature

Date

Parent or Guardian

Date

Registering Agency Staff Member

Date