

AIDS Drug Assistance Program/AIDS Care Unit Financial Eligibility Documentation

Client Name: First _____ **Middle Initial** _____ **Last:** _____

Client DOB: Month __ **Day** __ **Year** ____ **Date Form Completed: Month** __ **Day** __ **Year** ____

Form Completed By: _____ **Title:** _____

Agency: _____

Program(s): (check All that apply)

- Ryan White
- ADAP

Residency of North Carolina (check one)

- Copy of current lease
- Current utility bill
- Current valid driver's license or official state ID with address
- Permanent resident visa or application for one, or application for citizenship; if a citizen of another country
- Declaration or statement of residency by client (migrant worker, student, etc.)
**May be documented in a chart or on separate signed statement

Proof of income (check one)

- Most recent year's W-2 or 1099
- Two recent paycheck stubs
- Payments from pensions and/or retirement accounts
- Unemployment compensation payments
- Social Security statement
- Applicant reports no income
**Use the ADAP & ACU Verification of No Income sheet at <http://www.epi.state.nc.us/epi/hiv/adap2.html>
- Applicant reports income but is unable to provide proof of income
**Use the Income Signature Card at the above link

Proof of Insurance or Medicare (check one)

- Copy of insurance card
 - If there is an insurance cap, letter or summary from insurance company required showing maximum benefit
- Copy of Medicare card
 - If Medicare Part D eligible plus income below 150% of the federal poverty level, must apply for Social Security's low income subsidy (extra help)
 - Copy of Medicare Part D plan card
- Not applicable

Medicaid (check one)

- Copy of current Medicaid Card
 - If currently in Spend-down status, please indicate the amount of the Spend-Down _____
- Application Completed on _____
(date)
- Not applicable

Notes: _____

DO NOT SEND THIS FORM WITH ADAP APPLICATIONS – KEEP IN THE CLIENT'S CHART