

AIDS Drug Assistance Program (ADAP)
Financial Eligibility for those Lacking Proof of Income or Zero Income

As of July 1, 2010, clients living with HIV/AIDS whose gross income is documented to be at or below 125% of the Federal Poverty Level are income-eligible to be enrolled in ADAP. Those clients whose income is between 126% and 300% of the Federal Poverty Level are placed on a waiting list; this is done to prioritize those people with the fewest resources and the least income when funding is not sufficient to serve all people who are at/below 300% FPL.

It is understood that when determining income eligibility, situations will vary and there is no clear answer to every situation that may arise. The approach outlined here should be used when income cannot be documented. When using this method to determine income eligibility, local agency providers/case managers must rely on professional judgment, and ensure that such judgment is consistently applied across all applicants who present with similar economic situations.

■ **Individual Lacks Proof Of Income**

- **Failure to bring existing proof of income.** When an individual reports gross income but forgets or fails to bring written proof of that income, his/her record in the ADAP system must be designated as pending and the determination of eligibility must be deferred until written proof is provided. Income eligibility determination cannot be completed until proof of reported income is provided.

- **Proof of income does not exist.** When an applicant reports income but is unable to provide proof of that income, the Income/Signature Card must be used to document the situation. The Income/Signature Card must **not** be used for individuals who forgot to bring proof of income. Legitimate situations where proof of income may be lacking include when an individual:
 - is a victim of theft, loss, or disaster,
 - is a homeless individual,
 - is a migrant farm worker,
 - has had to flee from a high risk situation (i.e. battered women/children or refugee) and subsequently left behind all identification, and/or
 - is paid in cash and has an employer(s) who will not document on paper the applicant's income.

ADAP defines a family (economic unit) as people who are related to an applicant by blood or marriage with whom the applicant lives.

- If income is found to be small and cannot be documented after reviewing all potential sources, the Income/Signature Card must be used to document income. In cases where it is established that an individual is truly with minimal or no resources, local providers/case managers should offer information on sources of assistance.
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■ Zero Income

- Applicants declaring a zero income should be asked to describe their living circumstances and how they obtain basic living necessities such as food, shelter, medical care and clothing. Sources of income such as child support, alimony, or assistance from sources not living in the economic unit, should be reviewed. If no income at all is revealed, the Verification of No Income sheet should be used to document how basic living expenses are met.

In cases where the documentation of income is questionable, the local provider/case manager should attempt to verify the documentation. Verification is a process whereby the validity of the documents presented is checked through another source e.g. employer verification of wages, or local DSS office verification.

For questions or clarification please contact John Furnari (919) 733-9576 or Trish Hailperin (919) 715-3688 in the ADAP office.

<http://www.epi.state.nc.us/epi/hiv/adap2.html>

[Policy of the HIV/STD Program AIDS Drug Assistance Program/Division of Public Health, providing clarification for income verification. Based on the NC WIC Program Manual guidance for determining proof of income and eligibility.]

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INCOME/SIGNATURE CARD

The North Carolina ADAP Program requires each applicant to show proof of residence (address) and income to apply for ADAP. Please read the following statement before completing this form.

I understand that by completing, signing, and dating this form, I am certifying that the information I am providing is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the medication benefits improperly received.

Complete all:

Reason for lack of proof of income:

Residence Address _____

Income _____

Applicant Signature

Interviewer Signature

Date

From: DHHS 3785, Part 2 (Revised 12/04) Nutrition Services (Review 12/07), adapted for ADAP