

North Carolina ADAP Form 3014 – Financial Eligibility Application
(Instructions for Completion)

North Carolina AIDS Drug Assistance/HIV Medications Program – (ADAP)
Communicable Disease Branch – Division of Public Health – (NC DHHS)

- **Block 1 – Enter the applicant’s last name, first name and middle initial. If the applicant is reapplying for the program after a lapse in coverage or during the annual re-enrollment period and is reporting a name change, please enter the client’s current name, indicate that this is a name change and note the applicant’s prior name on the form as well.**
- **Block 2 – Enter the applicant’s Social Security number. If the applicant does not have a Social Security number leave blank.**
- **Block 3 – Enter the applicant’s date of birth in month/day/year format. Example: 4/5/1963 or 04/05/1963.**
- **Block 4 – Check the appropriate block for the applicant’s stated gender. Please note that transgender is now included as an option.**
- **Block 5 – Check the appropriate block for the applicant’s stated race.**
- **Block 6 – Indicate if the applicant is of Hispanic or Latino origin by checking the appropriate block.**
- **Block 7 – Check the appropriate block to indicate if the applicant is incarcerated at the time of application. If the applicant is incarcerated, enter the name of the jail or federal halfway house where the applicant is currently residing. Note: Applicants incarcerated in local jails or federal halfway houses that do not or cannot cover medications may apply for ADAP. Applicants incarcerated in state or federal prisons cannot participate in the ADAP program.**
- **Block 8 – Enter the applicant’s county of residence. The county name or county code may be entered. (See Page 4 for a list of county codes).**
- **Block 9 – Enter the applicant’s residence address.**
- **Block 10 – Enter the city, state and zip code for the applicant’s address.**
- **Block 11 – Enter the applicant’s home and work telephone numbers including area code as applicable. Note: The applicant must provide a phone number at which he/she or an alternate contact can be reached by Walgreens, the ADAP dispensing pharmacy.**
- **Block 12 – ADAP is pre-filled.**
- **Block 13 – Enter the applicant’s Purchase of Medical Care Services (POMCS) case number if you know the number. If you do not know the number please leave blank.**
- **Block 14 – Check the appropriate block indicating the applicant’s State residency. Note: The applicant must reside in North Carolina.**

- **Block 15** – Information regarding family members that must be counted as part of the applicant’s household should be documented here. Countable family members are related to the applicant by blood, marriage or adoption, live in the same household and share a financial responsibility. Enter the number of countable adults and countable children in this block. For more information regarding the determination of countable family members, please review the *Provider Manual for Division of Public Health Payment Programs* located on the Purchase of Medical Care Services (POMCS) website at www.ncdhhs.gov/control/pomcs/pomcs.htm.
- **Block 16** – Select the applicant’s preferred language and enter the 2 letter code for the language in the block beside “Preferred Language”.
- **Block 17** – Income information for the applicant and countable family members should be documented here.
 - ◆ Enter the name of the applicant and the names of countable family members in last name, first name format. For example: Smith, John.
 - ◆ Enter countable family member’s relationship to the client. For example: spouse or child. Enter self for applicant.
 - ◆ In the Income Formula field, enter “R” if the applicant or countable family member had continuous income for the 12 months prior to the application or requested date of coverage. For example, if the application date is December 2, 2008 and the applicant or countable family member had continuous income for the period December 2007 to December 2008, then you would enter “R” and count income for the period December 2007 to December 2008.
 - ◆ In the Income Formula Field, enter “U” if the applicant or countable family member was unemployed or had no income for 30 consecutive days during the 12 months prior to the application or requested date of coverage. For example, if the application date is December 2, 2008 and the applicant or countable family member had no source of income for the period November 1, through November 30, 2008 then you would enter “U” and count income for the period July 2008 to July 2009 projecting income for the period January 2009 to July 2009.
 - ◆ Enter the name of the employer or source of income for the applicant and countable family members.
 - ◆ Enter the dates for countable income (see examples above in the Income Formula Field sections).
 - ◆ List the gross income for the applicant and countable family members.
 - ◆ List the income after tax.
 - ◆ For additional information regarding countable income, please review the *Provider Manual for Division of Public Health Payment Programs* located on the Purchase of Medical Care Services (POMCS) website at www.ncdhhs.gov/control/pomcs/pomcs.htm.
- **Block 18** – If the applicant or countable family member is unemployed, has no source of income or has income at or below 20% of the Federal Poverty Level (FPL) document how the family unit meets their monthly living expenses in this block. (See the Income table on Page 4).
- **Block 19** – Gross and net income information should be entered here.
 - ◆ Enter the total gross annual income for the applicant and all countable family members in the first block.
 - ◆ Enter the total federal, state and social security tax deductions for the applicant and countable family members in the second block. If none, enter “0.”

- ♦ Enter the total income after deducting taxes in the third block. Enter this same figure in the block to the right under the Income After Tax column as well.
 - ♦ Enter any allowable medical deductions at the bottom of the third block. Note: Documentation of medical expenses is required if medical deductions exceed \$3000.
 - ♦ Enter other deductions in the block beside “Other Deductions” and specify what the deductions are, such as child day care expenses.
 - ♦ Enter the total amount of all deductions in the block beside “Total Deductions.”
 - ♦ Enter the total net income after deductions in the block beside “Annual Net Income.”
 - ♦ For additional information regarding allowable deductions, please review the *Provider Manual for Division of Public Health Payment Programs* located on the Purchase of Medical Care Services (POMCS) website at www.ncdhhs.gov/control/pomcs/pomcs.htm.
- **Block 20 – Information regarding the applicant’s Medicaid and Medicare eligibility should be documented here.**
- ♦ Check the appropriate block for the applicant’s Medicaid eligibility. If the applicant has Medicaid, enter the Medicaid number. Medicaid recipients may be eligible for ADAP if the type of Medicaid they receive does not cover prescriptions. For example, MQB Medicaid covers Medicare premiums, deductibles and co-insurance only.
 - ♦ Check the appropriate block for the applicant’s Medicare eligibility.
 - ♦ Check the appropriate block for the applicant’s Medicare Part D eligibility and enter the client’s Medicare number. If the applicant receives Medicare, then the applicant must be enrolled in a Medicare Part D drug plan to be considered for ADAP. If the applicant has Medicare but is not enrolled in a Medicare Part D drug plan, please call Medicare at (800) 633-4227 or visit their website at www.medicare.gov for instructions on applying for Medicare Part D.
 - ♦ Please check the appropriate block for the applicant’s LIS eligibility and enter the date of the applicants LIS application if applicable. The LIS or Low Income Subsidy helps eligible clients pay their Medicare premium, deductibles, co-insurance and co-payments. Medicare eligible applicants must apply for the LIS unless their income is at or above 150% of the FPL. (See the Income Table on Page 4). Please call Social Security at (800) 772-1213 or visit their website at www.socialsecurity.gov for instructions on applying for the LIS.
- **Block 21 – Enter any prescription drug insurance coverage and attach copies of insurance cards for the applicant and countable family members for all policies with prescription coverage for the applicant.**
- **Back of the form – Review the terms and conditions for the applicant and have the applicant or applicant’s authorized representative sign and date the form. Enter your name as the interviewer and sign the form. Include your agency name and contact information.**
- **Please make sure to complete the most current Financial Eligibility Application form. The current form may be downloaded from the ADAP website: www.epi.state.nc.us/epi/hiv/adap.html or you can fax a request for forms to the Purchase of Medical Care Services office at (919) 733-0352 or call (919) 855-3672.**

Income Table

Family Size/Federal Poverty Level (\$)									
As of July 1, 2009									
	1	2	3	4	5	6	7	8	Each add. Person
20%	2166	2914	3662	4410	5158	5906	6654	7402	936
100%	10830	14570	18310	22050	25790	29530	33270	37010	4680
150%	16245	21855	27465	33075	38685	44295	49905	55515	7020
200%	21660	29140	36620	44100	51580	59060	66540	74020	9360
250%	27075	36425	45775	55125	64475	73825	83175	92525	11700
300%	32490	43710	54930	66150	77370	88590	99810	111030	14040

NC COUNTY CODES

001 Alamance	026 Cumberland	051 Johnson	076 Randolph
002 Alexander	027 Currituck	052 Jones	077 Richmond
003 Allegheny	028 Dare	053 Lee	078 Robeson
004 Anson	029 Davidson	054 Lenoir	079 Rockingham
005 Ashe	030 Davie	055 Lincoln	080 Rowan
006 Avery	031 Duplin	056 Macon	081 Rutherford
007 Beaufort	032 Durham	057 Madison	082 Sampson
008 Bertie	033 Edgecombe	058 Martin	083 Scotland
009 Bladen	034 Forsyth	059 McDowell	084 Stanly
010 Brunswick	035 Franklin	060 Mecklenburg	085 Stokes
011 Buncombe	036 Gaston	061 Mitchell	086 Surry
012 Burke	037 Gates	062 Montgomery	087 Swain
013 Cabarrus	038 Graham	063 Moore	088 Transylvania
014 Caldwell	039 Granville	064 Nash	089 Tyrrell
015 Camden	040 Greene	065 New Hanover	090 Union
016 Carteret	041 Guilford	066 Northampton	091 Vance
017 Caswell	042 Halifax	067 Onslow	092 Wake
018 Catawba	043 Harnett	068 Orange	093 Warren
019 Chatham	044 Haywood	069 Pamlico	094 Washington
020 Cherokee	045 Henderson	070 Pasquotank	095 Watauga
021 Chowan	046 Hertford	071 Pender	096 Wayne
022 Clay	047 Hoke	072 Perquimans	097 Wilkes
023 Cleveland	048 Hyde	073 Person	098 Wilson
024 Columbus	049 Iredell	074 Pitt	099 Yadkin
025 Craven	050 Jackson	075 Polk	100 Yancey