

**North Carolina ADAP Form 3056– Authorization Request**  
**(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.**
- **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 the applicant’s preferred language. (Language codes are defined on the back of the form).**
- **Block 8 – 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 9 – Enter the applicant’s county of residence and county code. Note: The applicant must reside in North Carolina. (See County Codes on Page 3).**
- **Block 10 – Enter the applicant’s residence address.**
- **Block 11 – Enter the city, state and zip code for the applicant’s address.**
- **Block 12 – 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 can be reached by Walgreens, the ADAP dispensing pharmacy.**
- **Block 13 – Enter alternate contact information for the applicant if any.**
- **Block 14 – Leave blank**
- **Block 15 – Leave blank.**
- **Block 16 –Walgreen’s Pharmacy 1-800-573-3602 is pre-filled.**

- **Block 17 – Enter the date of the application through March 31 of the next calendar year. For example, if the date of application is December 2, 2008, the requested dates of service would be December 2, 2008 through March 31, 2009.**
- **Block 18 – Enter 042 if not already entered. If the applicant has a secondary diagnosis you may enter that as well. The secondary diagnosis code is not required.**
- **Block 19 – Enter the applicant’s most recent CD4 Count and Viral Load results and the date of the test results.**
- **Block 20 – Enter the address to which the applicant’s medications should be shipped if different from the applicant’s residence address listed in number 10. Medications will be shipped to the applicant’s home/residence address unless otherwise indicated. If the applicant is incarcerated in a local jail, an alternate shipping address must be listed. Medications cannot be shipped to local jails. If the applicant is incarcerated in a federal halfway house, medications will be shipped to the address listed in number 10.**
- **Block 21 – Enter the clinician’s phone number, fax number and NC License number.**
- **Block 22 – Enter the interviewers contact information.**
- **Block 23A – Type or print the clinician’s name.**
- **Block 23B – Have the clinician sign the form.**
- **Please make sure to complete the most current Authorization Request form. The current form may be downloaded from the ADAP website: [www.epi.state.nc.us/epi/hiv/adap.html](http://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.**

## 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