



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Ryan White Part B Program Application Instructions

The Ryan White Part B Program gives help to low income people living with HIV/AIDS in Maine.

<p>Use this application to see what help you qualify for.</p>	<ul style="list-style-type: none"> • You may qualify for health insurance programs or help with paying for health insurance and medications • You may qualify for help to pay for dental care, housing/utilities, and/or food • You may qualify for medical case management to help coordinate your needs • You don't need to fill out this application if you already have ADAP
<p>What you need to apply:</p>	<ul style="list-style-type: none"> • Proof you live in Maine • Proof of income for you and any legal dependents (spouse, children, etc.) • Information about your health insurance • We may also ask for proof of your HIV infection
<p>How you apply:</p>	<ul style="list-style-type: none"> • Send your completed application and attachments to: Maine Ryan White Program 40 State House Station Augusta, ME 04330-9758 Fax: (207) 287-3727
<p>What happens next?</p>	<ul style="list-style-type: none"> • Fill out the application completely and clearly. We can't process applications with missing information. • Once we receive your complete application, someone will contact you to let you know what programs you qualify for. • Please allow up to two weeks for your application to be processed.
<p>Get help with this application</p>	<ul style="list-style-type: none"> • Phone: (207) 287-3747. TTY users call Maine Relay 711 • Fax: (207) 287-3727



Ryan White Part B Program Application for Services

1. Demographics

Legal first name: _____ Middle: _____

Legal last name: _____ Preferred name: _____

Date of birth: ____ / ____ / ____

Current gender: Male
 Female
 Transgender (MTF)
 Transgender (FTM)

Sex at birth: Male
 Female
 Intersexed

Social Security Number: _____

Home address

Address:		City:
State: ME	Zip:	County:

Mailing address (if different)

Address:		City:
State:	Zip:	County:

Home phone: _____

Cell phone: _____

Email: _____

HIV status:

HIV-positive, not AIDS
 HIV-positive, AIDS status unknown
 CDC-defined AIDS

Date of HIV diagnosis: ____ / ____ / ____

Date of AIDS diagnosis: ____ / ____ / ____

Office use only:

Date completed application received:

Date approved:

Staff initials:

Ryan White ID assigned:

HIV verification:
(circle one)

eHARS

Document provided

Transmission category: (check all that apply)

- Male who has Sex with Male(s) Heterosexual contact Blood transfusion/blood products
 Injecting Drug Use Perinatal Transmission Other: _____
 Hemophilia/Coagulation Disorder Unknown

Ethnicity: (choose one)

- Non-Hispanic
 Hispanic
 Mexican Mexican-American Chicano/a Puerto Rican Cuban Other Hispanic or Latino/a

Race: (check all that apply)

- White
 Black or African-American
 American Indian or Alaska Native
 Asian
 Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian
 Native Hawaiian or Other Pacific Islander
 Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander
 Other

Native country: _____

Immigration status:

- US citizen or US national
 Asylee/refugee
 Pending asylum, Date applied: ____/____/_____
 Lawful permanent resident (married, green card, etc.), Date granted: ____/____/_____
 Unknown

Primary language at home: _____

Interpreter needed?

- No (advanced English)
 Yes, always (no English)
 Yes, sometimes (moderate English)
 Need help with written English only

2. Health Insurance Information

Do you have Private Insurance or COBRA?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, Plan Name: _____	Plan #: _____
Is your insurance through your employer? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Do you have Medicare Part A and B (pays for hospital and outpatient care)?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Do you have Medicare Part D (pays for prescriptions)?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, Plan Name: _____	Plan #: _____
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Do you have MaineCare/Medicaid/CubCare?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, MaineCare #: _____
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Do you have military health care (VA benefits, Tricare, etc)? No Yes

Do you have Indian Health Services (IHS) insurance? No Yes

Do you have some other form of insurance or pending application?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, _____ . I applied on ____/____/_____ (insurance type) (date)
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3. Household and Income Information

Legal household* size: _____

Total annual household income: \$ _____ **

Describe your housing status:

- Stable/permanent
- Temporary housing
- Unstable housing

* "Household" is a family of two or more people who are related by birth, marriage, adoption, or other legally defined dependent relationship, including legal guardianship. Income for all members of the legal household must be verified.

** This should be the gross income, before deductions. If income fluctuates, please estimate what the income for the full year will be.

4. HIV Care

Doctor/nurse practitioner: _____

Medical case manager: _____

Please check the type of medical care you use:

- Emergency room
- Hospital outpatient center (this includes **The Horizon Program** and **Virology Treatment Center**)
- No primary source of care
- Other: _____
- Private practice
- Publicly-funded clinic or health department (this includes **Positive Health Care**)

5. Client Agreements and Consent to Services

Contact

Initial to show what types of contact are allowed.

- _____ It is okay to mail me newsletters and surveys at my address.
- _____ It is okay to call me at my phone number(s).
- _____ It is okay to leave me messages at my phone number(s).
- _____ It is okay to email me at my email address. I understand that email may not be secure, and that my privacy may not be protected.

ADAP

Initial if you want ADAP.

- _____ I understand that some of my information has to be shared to get help from the AIDS Drug Assistance Program (ADAP). I understand that this information will only be shared if it is needed for me to get services. I understand that ADAP has to get information from and give information to those listed on the “**Authorization to Release Information**” form. I understand that I cannot receive ADAP if I do not complete this form.

Program Rules

Initial all areas below and sign form in order to receive services:

- _____ I understand that I have to recertify my information every six months for me to receive Ryan White Part B services. I understand that required forms will be mailed to me at my address.
- _____ I understand that information about me and the services I receive are entered into a computer system and reported to the federal government. I understand that my information has to be reported for me to receive Ryan White Part B services.
- _____ I understand that my household income must be less than the Ryan White Part B income limit to receive services. I understand that I have to give proof of income. I understand that I have to report any change in income, from any source, within 10 business days of the change.
- _____ All information I shared on this form is true.

I want to receive Ryan White Part B services for the next six months.

Printed Name

Signature

Date

6. Attachments

This application is not complete without each of the numbered attachments listed below:

1. Residency verification

Please submit one of the following with your legal name on it:

- Lease, rental agreement, etc. for Maine address
- Valid, unexpired Maine driver's license or state ID
- Valid, unexpired Maine vehicle registration
- Maine voter registration
- Maine utility bill
- Proof of mail delivered in Maine (your name and address on envelope with cancelled postmark)
- Maine DHHS benefits statement

If you are staying at a homeless shelter, have an employee of the shelter write a letter saying that you are staying there.

2. Income verification

Please submit proof of your legal household's income. Any of the following documents are acceptable:

- Social Security award letter
- Copy of Social Security check
- W2 tax forms
- Year-end 1099 forms
- Federal income tax return
- Pay stubs (must be 4 consecutive weeks)
- Bank statement
- DHHS benefits statement

If anyone in your legal household has no income, they will need to complete a Statement of No Income form.

3. Insurance verification

Please attach copies of any insurance cards you have.

4. Authorization to Release Information

Please attach the completed Maine Department of Health and Human Services Authorization to Release Information form.