Form M - 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.

Use this application to apply for help paying for dental insurance.	Dental help is available for people with HIV/AIDS who: • live in Maine; • make less than 350% of the federal poverty level (https://aspe.hhs.gov/poverty-guidelines); • can't get help anywhere else; AND • have not met an annual cap.
What you need to apply:	• Complete and sign the 1-page application • Attach your bill for dental insurance and the DHHS release form so we can talk to your dental insurance company if we have questions about the payment • If you used Ryan White Part B funds to pay for dental insurance in the past, you will need to prove you had your cleanings
How you apply:	• Send your completed application and attachments to: **Maine Ryan White Program** **40 State House Station** **Augusta, ME 04330** **Fax: (207) 287-3498**
What happens next?	• Fill out the application completely and clearly. We can't process applications with missing information. (Your Ryan White ID is the same DHS number you use for ADAP.) • Once we receive your complete application, you will get a letter to let you know if payment has been approved or denied. • Please allow up to ten business days for your application to be processed. If you do not hear from us in ten business days, please call us.
Get help with this application	• Phone: (207) 287-3747. TTY users call Maine Relay 711 • Fax: (207) 287-3498 • E-mail: RyanWhitePartB@maine.gov

In accordance with 22 MRS §15, any person who knowingly makes any false written statements or knowingly submits any false documents to receive benefits provided by the Department may face civil penalties by the State of Maine in the Superior Court, which may include, but is not limited to, recovery of those funds disbursed.

Maine Department of Health and Human Services
NONDISCRIMINATION NOTICE

The Department of Health and Human Services ("DHHS") does not discriminate on the basis of disability, race, color, sex, gender, sexual orientation, age, national origin, religious or political belief, ancestry, familial or marital status, genetic information, association, previous assertion of a claim or right, or whistleblower activity, in admission or access to, or the operation of its policies, programs, services, or activities, or in hiring or employment practices. This notice is provided as required by and in accordance with Title II of the Americans with Disabilities Act of 1990 ("ADA"); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Age Discrimination Act of 1975; Title IX of the Education Amendments of 1972; Section 1557 of the Affordable Care Act; the Maine Human Rights Act; Executive Order Regarding State of Maine Contracts for Services; and all other laws and regulations prohibiting such discrimination. Questions, concerns, complaints or requests for additional information regarding the ADA and *hiring or employment practices* may be forwarded to the DHHS ADA/EEO Coordinators at 11 State House Station, Augusta, Maine 04333-0011; 207-287-4289 (V); 207-287-1871(V); or Maine Relay 711 (TTY). Questions, concerns, complaints or requests for additional information regarding the ADA and *programs, services, or activities* may be forwarded to the DHHS ADA/Civil Rights Coordinator, at 11 State House Station, Augusta, Maine 04333-0011; 207-287-3707 (V); Maine Relay 711 (TTY); or ADA-CivilRights.DHHS@maine.gov. Civil rights complaints may also be filed with the U.S. Department of Health and Human Services, Office of Civil Rights, by phone at 800-368-1019 or 800-537-7697 (TDD); by mail to 200 Independence Avenue, SW, Room 509, HHS Building, Washington, D.C. 20201; or electronically at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA/Civil Rights Coordinator. This notice is available in alternate formats, upon request.

Form M - Ryan White Part B Program
Application for Assistance with Dental Insurance

1. Client Information

Name: _____ Ryan White ID: DHS_____

Has your household income increased in the last six months? ☐ No ☐ Yes, by $_____ per month

2. Insurance Information

Dental insurance company: _____

Address for payment:

Account number (if applicable): _____

Premium start date: ___/___/_____ Premium end date: ___/___/____

Amount requested: $_____

3. Attachments

This application will not be considered complete without required attachments.

Please attach:

- Your bill for dental insurance
  - If you used Ryan White Part B assistance for dental insurance in the past, please attach proof of dental cleanings in the last year
- The Maine Department of Health and Human Services Authorization to Release Information form filled out with your dental insurance company's information

4. Client Agreement

I do not have dental insurance. I want help to pay for dental insurance. I agree to use it for at least two cleaning appointments in the next year. I understand that I may lose my Ryan White dental help if I do not go to these appointments. I understand that any refunds for payments made by the Ryan White Part B Program must be returned to the Ryan White Part B Program. All information I shared on this form is true.

Printed Name	Signature	Date
_____	_____	_____

Office use only:

Date Received:	Date Complete:	Date Entered:
Amount used to date: $	End date:	FPL:
☐ Approved. ☐ Not approved. Reason:		Staff initials: