

# Form I - 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><b>Use this application to apply for help paying for lab tests.</b></p>	<p>Help with the cost of lab tests is available for people with HIV/AIDS who:</p> <ul style="list-style-type: none"> <li>• live in Maine;</li> <li>• make less than 500% of the federal poverty level (<a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a>); AND</li> <li>• can't get help anywhere else.</li> </ul>
<p><b>What you need to apply:</b></p>	<ul style="list-style-type: none"> <li>• Complete and sign the 1-page application</li> <li>• Send us an itemized bill for your labwork and the DHHS release form so we can talk to the lab if we have questions about the payment</li> <li>• The itemized lab bill must be submitted within 90 days of the service or ADAP cannot pay them</li> </ul>
<p><b>How you apply:</b></p>	<ul style="list-style-type: none"> <li>• Send your completed application and attachments to:  <b>Maine Ryan White Program</b>  <b>40 State House Station</b>  <b>Augusta, ME 04330</b>  <b>Fax: (207) 287-3498</b></li> </ul>
<p><b>What happens next?</b></p>	<ul style="list-style-type: none"> <li>• 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.)</li> <li>• Once we receive your complete application, you will get a letter to let you know if payment has been approved or denied.</li> <li>• 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.</li> </ul>
<p><b>Get help with this application</b></p>	<ul style="list-style-type: none"> <li>• Phone: (207) 287-3747. TTY users call Maine Relay 711</li> <li>• Fax: (207) 287-3498</li> <li>• Email: <a href="mailto:RyanWhitePartB@maine.gov">RyanWhitePartB@maine.gov</a></li> </ul>

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

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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](mailto: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 I - ADAP/Ryan White Part B Program Application for Assistance with Lab Tests



## 1. Client Information

Name: \_\_\_\_\_ Ryan White ID: DHS \_\_\_\_\_

## 2. Request Information

Amount of assistance requested: \$ \_\_\_\_\_ \*

Make check payable to: \_\_\_\_\_

Address for payment:

\* ADAP can only pay for the following lab tests:

- CD4
- Viral Load
- Genotype/Phenotype
- Trophile Assay
- Additional labs related to HIV treatment may be covered on a case by case basis

## 3. Payer of Last Resort

Did you have health insurance at the time of your lab appointment?  Yes  No

## 4. Attachments

**This application will not be considered complete without required attachments.**

Please attach:

- An itemized bill showing the name, cost, and date of each lab completed and any insurance deductions. Members must have lab bills processed through all other forms of insurance before submitting to ADAP. Lab tests not covered by ADAP must be paid by the member.
- The Maine Department of Health and Human Services Authorization to Release Information form filled out with your lab's information

**I understand that ADAP cannot pay bills older than 90 days. I understand that any refunds for payments ADAP makes on my behalf must be returned to ADAP. All information I shared on this form is true.**

Printed Name

Signature

Date

Office use only:

Date Received:

Date Complete:

Date Entered:

End date:

Approved.  Not approved. Reason:

Staff initials: