



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 apply for help paying housing or utility bills for services after July 1, 2014.</p>	<p>Housing help is available for people with HIV/AIDS who:</p> <ul style="list-style-type: none"> • live in Maine; • make less than 300% of the federal poverty level (about \$35,310 per year for a single person); • can't get help anywhere else; AND • have not met an annual cap.
<p>What you need to apply:</p>	<ul style="list-style-type: none"> • Complete the 2-page application • Attach a copy of the bill you want paid and a release form to allow us to talk to the person we're paying if there are questions about the payment
<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. (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 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



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Ryan White Part B Program Housing Assistance Application

Date: _____

1. Client Information

Name: _____ Ryan White ID: DHS _____

2. Request Information

Amount of assistance requested: \$ _____

Assistance is for (check one):

- Heat
- Electricity
- Rent
- Security deposit
- Emergency/temporary housing to gain or maintain medical care

Make check payable to: _____

Address for payment:

3. Payer of Last Resort

Ryan White assistance is only available when no other programs or assistance can help. Please describe why no other resources are available or aren't enough to meet your needs:

Office use only:

Amount used to date: \$

Approved. Not approved. Reason:

Active? Y N FPL:

Date complete app received:

Staff initials:

4. Housing Plan

Please describe the strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.

5. Attachments

This application will not be considered complete without required attachments.

For help with heat or electricity, please attach:

- Bill or statement of charges with client name on it (must be no more than 90 days old)
- The Maine Department of Health and Human Services Authorization to Release Information form filled out with payee's information

For help with rent, security, or emergency/temporary housing, please attach:

- Lease, tenancy agreement, or tenancy verification with client name on it
- W-9 tax form completed by landlord
- The Maine Department of Health and Human Services Authorization to Release Information form filled out with payee's information