

# 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 emergency help with rent related to COVID-19. You may apply for this help once.</b></p>	<p>One-time rental help up to \$500 is available for people with HIV/AIDS who:</p> <ul style="list-style-type: none"> <li>• live in Maine;</li> <li>• make less than 300% of the federal poverty level (<a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a>);</li> <li>• AND 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 the application.</li> <li>• Include the attachments listed on page 2.</li> <li>• If you have roommates, we cannot pay for their share of the rent.</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            40 State House Station            Augusta, ME 04330            Fax: (207) 287-3498</b> </li> </ul>
<p><b>What happens next?</b></p>	<ul style="list-style-type: none"> <li>• Fill out both pages of the application completely and clearly. We cannot 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> </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.

# Ryan White Part B Program COVID-19 Emergency Rent Assistance



Date: \_\_\_\_\_

## 1. Client Information

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

Have you been diagnosed with COVID-19 in the last month?  Yes  No

Have you ever been diagnosed with COVID-19?  Yes  No

How have you been impacted by COVID-19? (examples: lost job, reduced hours at work, no childcare)

## 2. Request Information

Amount of assistance requested (up to \$500): \$ \_\_\_\_\_

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

Address for payment:

Account number (if applicable): \_\_\_\_\_

## 3. Payer of Last Resort

Ryan White assistance is only available when no other programs or assistance can help. Please describe why no other help is available or is not enough to meet your needs:

Have you applied for HOPWA assistance?  Yes  No  I am not eligible

Have you applied for the one-time assistance through MaineHousing?  Yes  No  I am not eligible  
([www.mainehousing.org/covidrent](http://www.mainehousing.org/covidrent))

### Office use only:

Has had COVID rent help already?

Approved.  Not approved. Reason:

End date:

FPL:

Date **complete** app received:

Staff initials:

#### 4. Housing Plan

Describe your current housing status:

- Stable/permanent
- Temporary housing
- Unstable housing

What is your plan for maintaining a long-term, stable living situation after this assistance?

Do you receive other housing assistance?

Type of Assistance	Yes	No	Pending
HOPWA			
Section 8			
Shelter + Care			
BRAP			
Public Housing			
General Assistance			
LIHEAP			
Other:			

#### 5. Needs Assessment

Do you have other needs that are not being met because of COVID-19? What are they?

#### 6. Attachments

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

Please attach:

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

#### 7. Client Agreement

I understand that I can get one-time emergency help with rent related to COVID-19 from the Ryan White Part B Program.

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