

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 a food card. You may apply up to one time per month.</p>	<p>Food cards are 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 (https://aspe.hhs.gov/poverty-guidelines); • can't get help anywhere else; AND • have not met monthly and annual caps.
<p>What you need to apply:</p>	<ul style="list-style-type: none"> • Complete and sign the 1-page application
<p>How you apply:</p>	<ul style="list-style-type: none"> • Send your completed application to: Maine Ryan White Program 40 State House Station Augusta, ME 04330 Fax: (207) 287-3498
<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 food card in the mail or a letter explaining why your request was 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.
<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) 287-3498 • E-mail: RyanWhitePartB.DHHS@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.

Ryan White Part B Program Food Assistance Application



Date: _____

1. Client Information

Name: _____ Ryan White ID: DHS _____

Preferred food card: _____ Month requesting card for: _____

- Hannaford/Shop N Save
 Shaw's

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

2. Payer of Last Resort

All questions in this section must be answered. This form will be sent back to you if you do not fill it in. 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:

How much do you get in SNAP benefits (food stamps) per month?

How often can you go to your local food pantry, or why can't you get there? We expect you to use your local food pantry if at all possible before you request our help.

3. Client Agreement

I understand that I can get \$50 in help for food from the Ryan White program up to once a month as funds are available and as long as I have not met the overall cap of \$750 per year.

I understand that Ryan White food cards cannot be used for alcohol, tobacco, or non-food items. I understand that I may lose my Ryan White help for food if I do not use this card as intended.

All information I shared on this form is true.

Printed Name

Signature

Date

Office use only:

Amount used to date: \$

Approved. Date card sent:

Not approved. Reason:

End date:

FPL:

Rec'd card this month? Y N

Date **complete** app received:

Staff initials: