

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 within 90 days.</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 (https://aspe.hhs.gov/poverty-guidelines); • 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 or estimate you want paid and a release form to allow us to talk to the person we are paying if there are questions about the payment. • We cannot pay reconnection fees or finance charges. • We cannot pay for more than a full fuel tank.
<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 Fax: (207) 287-3498
<p>What happens next?</p>	<ul style="list-style-type: none"> • 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.) • 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.
<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 Housing Assistance Application



Date: _____

1. Client Information

Name: _____ Ryan White ID: DHS

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

2. Request Information

Amount of assistance requested: \$ _____

Assistance is for (check one):

- Electricity
- Emergency/temporary housing to gain or maintain medical care
- Heat
- Applicant's share of rent, for the month of _____

How many people live in the household? _____

Make check payable to: _____

Address for payment:

Account number or rental address: _____

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 are not enough to meet your needs:

If the Ryan White Program is not paying for the entire cost of services, how will the remainder be paid?

Office use only:

Amount used to date: \$

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. 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) AND
- The Maine Department of Health and Human Services Authorization to Release Information form filled out with payee's information

For help with rent or emergency/temporary housing, 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

6. Client Agreement

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