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.

Use this application to see what help you qualify for.	• You may qualify for health insurance programs or help with paying for health insurance and medications • You may qualify for help to pay for dental care, housing/utilities, and/or food • You may qualify for case management to help coordinate your needs • **You don't need to fill out this application if you already have ADAP**
What you need to apply:	• Proof you live in Maine • Proof of income for you and any legal dependents (spouse, children, etc.) • Information about your health insurance • We may also ask for proof of your HIV infection
How you apply:	• Send your completed application and attachments to: **Maine Ryan White Program** **40 State House Station** **Augusta, ME 04330** **Fax: (207) 287-3498**
What happens next?	• Fill out the application completely and clearly. We can't process applications with missing information. • Once we receive your complete application, someone will contact you to let you know what programs you qualify for. • 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.
Get help with this application	• Phone: (207) 287-3747. TTY users call Maine Relay 711 • Fax: (207) 287-3498

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
Application for Services

1. Demographics

Legal last name: _____

Legal first name: _____ **Middle name:** _____

Preferred name: _____

Current gender:
- ☐ Male
- ☐ Female
- ☐ Transgender MTF
- ☐ Transgender FTM
- ☐ Transgender Other
- ☐ Refused to report

Sex at birth:
- ☐ Male
- ☐ Female

Date of birth: _____/_____/_____

Preferred language: _____

Physical home address

Address:		City:
State: ME	Zip:	County:

Mailing address (if different)

Address:		City:
State:	Zip:	County:

Home phone: _____

Cell phone: _____

Other phone: _____

Office use only:

Date completed application received:	Date approved:		Staff initials:
Ryan White ID assigned:	HIV verification: (circle one)	eHARS	Document provided

Race: (check all that apply)

☐ Asian

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian

☐ Black or African-American

☐ American Indian or Alaska Native

☐ Other

☐ Native Hawaiian or Other Pacific Islander

☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander

☐ White

Ethnicity: (choose one)

☐ Non-Hispanic

☐ Hispanic

☐ Mexican, Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic, Latino/a, or Spanish origin

HIV Risk Factors: (check all that apply)

☐ Male to male sexual contact (MSM) ☐ Perinatal transmission

☐ Injection drug use (IDU) ☐ Hemophilia/coagulation disorder

☐ Heterosexual contact ☐ Blood transfusion/blood products

☐ Not reported or not identified

HIV Status:

☐ CDC-defined AIDS Date of AIDS diagnosis: _____/_____/_____

☐ HIV-positive, AIDS status unknown

☐ HIV-positive, not AIDS Date of HIV diagnosis: _____/_____/_____

Case manager: _____

Social Security Number: _____

Veteran of the US Armed Services? ☐ Yes ☐ No

Country of birth: _____

Interpreter needed?

☐ No (advanced English)

☐ Yes, always (no English)

☐ Yes, sometimes (moderate English)

☐ Need help with written English only

Immigration status:

☐ US citizen or US national

☐ Asylee/refugee

☐ Pending asylum, Date applied: _____/_____/_____

☐ Lawful permanent resident (married, green card, etc.), Date granted: _____/_____/_____

☐ Temporary visa

☐ Unknown

2. Health Insurance Information

Do you have Private Insurance or COBRA?

☐ No	☐ Yes, Plan Name:	Plan #:
	Is your insurance through your employer? ☐ No ☐ Yes	

Do you have Medicare Part A/B or C (pays for hospital and outpatient care)?

☐ No	☐ Yes, Medicare Beneficiary ID (MBI):

Do you have Medicare Part D (pays for prescriptions)?

☐ No	☐ Yes, Plan Name:	Plan #:

Do you have MaineCare/Medicaid/CubCare?

☐ No	☐ Yes, MaineCare #:

Do you have military health care (VA benefits, Tricare, etc)? ☐ No ☐ Yes

Do you have Indian Health Services (IHS) insurance? ☐ No ☐ Yes

Do you have some other form of insurance or pending application?

☐ No	☐ Yes, _____. I applied on ____/_____/_____ (insurance type) (date)

3. Household and Income Information

Legal household size: _____

Legal household includes family members who are related by birth, marriage, adoption, or other legally defined dependent relationship, including legal guardianship.

Total gross <u>annual</u> household income: $_____

This is income for all members of the legal household, before deductions. If income fluctuates, please estimate what the income will be for the full year.

Individual gross <u>annual</u> income: $_____

This is income <u>only</u> for the person applying, before deductions. If income fluctuates, please estimate what the income will be for the full year.

4. Client Agreements and Consent to Services

Contact

Initial to show what types of contact are allowed.

_____ It is okay to mail me newsletters and surveys at my address.

_____ It is okay to call me at my phone number(s).

_____ It is okay to leave me messages at my phone number(s).

ADAP

Initial if you want ADAP.

_____ I understand that some of my information has to be shared to get help from the AIDS Drug Assistance Program (ADAP). I understand that this information will only be shared if it is needed for me to get services. I understand that ADAP has to get information from and give information to those listed on the "**Authorization to Release Information**" form. I understand that I cannot receive ADAP if I do not complete this form.

Program Rules

Initial <u>all</u> areas below and sign form in order to receive services:

_____ I understand that I have to recertify my information every six months for me to receive Ryan White Part B services. I understand that required forms will be mailed to me at my address.

_____ I understand that information about me and the services I receive are entered into a computer system and reported to the federal government. I understand that my information has to be reported for me to receive Ryan White Part B services.

_____ I understand that my household income must be less than the Ryan White Part B income limit to receive services. I understand that I have to give proof of income. I understand that I have to report any change in income, from any source, within 10 business days of the change.

_____ I understand that if I receive a refund for payments the Ryan White Part B Program makes on my behalf, I must send the refund back to the Ryan White Part B Program.

_____ All information I shared on this form is true.

I want to receive Ryan White Part B services for the next year. I understand that I have to recertify in six months.

Printed Name	Signature	Date

5. Attachments

This application is not complete without each of the numbered attachments listed below:

1. Residency verification

Please submit a valid, unexpired copy of one of the following documents with your legal name on it and residential address. A post office box will only be accepted on a Maine driver's license or state ID.

- Maine driver's license or state ID
- Property tax bill or deed
- Maine vehicle registration or title
- Pay stub
- Utility bill
- Financial statement
- Concealed firearms permit
- Maine hunting/fishing license
- School transcript or report card
- Lease, rental agreement, etc.
- Tax return or W2
- Maine DHHS benefits statement

If you are staying at a homeless shelter, have an employee of the shelter write a letter saying that you are staying there.

2. Income verification

Please submit proof of your legal household's gross income from all sources. Legal household includes family members who are related by birth, marriage, adoption, or other legally defined dependent relationship, including legal guardianship. Any of the following documents are acceptable as long as they are dated in the last year:

- Social Security award letter
- Copy of Social Security check
- W2 tax forms
- Year-end 1099 forms
- Federal income tax return
- Pay stubs (must be 4 consecutive weeks)
- Bank statement (only if you get Social Security)
- DHHS benefits statement

If anyone in your legal household has no income, they need to complete a Statement of No Income form.

3. Insurance verification

Please attach copies of any insurance cards you have.

4. Authorization to Release Information

Please attach the completed Maine Department of Health and Human Services Authorization to Release Information form.