

Ryan White Part B/HMAP (HIV Medication Assistance Program) Eligibility Checklist

Client/Applicant Name: _____ DOB: _____

Checklist Completed By: _____ Date Completed: _____

This checklist must be completed by case managers at Ryan White Part B funded agencies during eligibility renewal periods. Ryan White Part B funded Agencies completing this form must keep this checklist and all documentation on file for Ryan White Part B monitoring. This checklist should not be sent to POMCS with HMAP applications.

Program(s):

- Ryan White Part B Only (Not HMAP)
- Ryan White Part B and HMAP

1. Proof of Income is required for the applicant, spouse and dependents claimed on taxes (children). See the Manual for important guidance regarding documentation as this is a checklist only.

- Current Pay Stubs from Employment: (showing year to date income and deductions). HMAP/POMCS requires 1 months' worth of pay stubs. *If the client has just started a new job, refer to the Manual.
- Disabled/Veteran/Retired: A copy of applicant's and spouse's benefit award letter or any other official document showing the amount received on a monthly basis.
- Alimony and Child Support: A copy of applicant's benefit award letter or any other official document showing the amount received on a regular basis from Alimony and Child Support.
- Unemployment Benefits/Income: A copy of applicant's benefit award letter or any other official documentation showing the amount received on a regular basis.
- Copy of IRS Tax Return Form: If self-employed, a copy of the Tax Return Form for the most recent year will be required. If the client doesn't have a copy of the tax return form, see the Manual for how to obtain one.

Applicants with No Income:

- Ryan White Part B/HMAP "Verification of No/Low Income" sheet

Applicants with Low Income (defined as at or below 125% of the Federal Poverty Guidelines):

- Ryan White Part B/HMAP "Verification of No/Low Income" sheet (For HMAP Applicants only)

Applicants with No Existing Documentation of Income:

- Ryan White Part B/HMAP Income Signature Card

2. Proof of North Carolina Residency is required for all applicants whose current name and address are NOT included on their proof of income. For all documents below, the name and address must match the name and address provided in Section 3 of the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request.

Preferred documentation:

- Copy of valid NC Driver's License or government-issued identification card with name and home address

Other acceptable forms of documentation:

- Copy of a utility bill or lease with applicant's name and current address
- Copy of a recent (within 30 days of signing the Ryan White Part B/ HMAP Financial Eligibility and Authorization Request) utility bill, phone bill, or lease with the applicant's name and current address.
- Any documents from the applicant's clinician, case management agency, pharmacy, or other medical provider with the applicant's name and current address.
- Any correspondence from the HMAP Office, POMCS, the HMAP dispensing pharmacy, or the SPAP/ICAP Pharmacy Benefits Manager that contain the applicant's name and current address.

Last resort for documentation:

- Anything with applicant's name and home address or the Ryan White Part B & HMAP Declaration of Residency (clients will be expected to provide a preferred or other acceptable documentation of residency by the next renewal period).

3. Proof of Insurance or Medicare/Medicaid:

- Copy of insurance card(s) for all family members.
- If there is an insurance cap, letter/summary from insurance company or specific proof from the insurance policy.
- Copy of Medicare card (If income is at or below 150% of the Federal Poverty Guidelines, client must apply for Social Security's low-income subsidy (LIS) also known as "extra help".
- Copy of Medicare Part D plan card (this is different from the Medicare card).
- Copy of Medicaid card.
- Efforts to "Vigorously Pursue" other sources of health coverage have been documented