



Office of HIV Care



ALAMEDA COUNTY
PUBLIC HEALTH
DEPARTMENT

**RYAN WHITE
PROGRAM ELIGIBILITY
VERIFICATION FORM**

Client (Print): _____

DOB: _____

ARIES ID #: _____

Phone: _____

Form Generated by: _____

Criteria	Description (check here)	Verified by (initial)	Date(s) Verified
HIV Status	<p><i>Documented with copy of one of the below:</i></p> <input type="checkbox"/> Letter of diagnosis on provider letterhead <input type="checkbox"/> Confirmed HIV test with client's name <input type="checkbox"/> Viral Load (detectable) with client's name	<input type="checkbox"/> Contact with Case Manager <input type="checkbox"/> In-House documentation	<hr/> Date verified
Income	<p><i>Documented with copy of one of the below:</i></p> <input type="checkbox"/> Pay-check stub <input type="checkbox"/> Benefit award letter <input type="checkbox"/> Dated and signed letter from the client stating they have no form of income IN ADDITION a signed letter from a guardian/care taker/ partner that they are covering the living costs of the client <input type="checkbox"/> No Change	<input type="checkbox"/> Contact with Case Manager <input type="checkbox"/> In-House documentation	<hr/> date verified <hr/> re-verified date at 6 month
Residency (Not Immigration Status)	<p><i>Documented with copy of one of the following:</i></p> <input type="checkbox"/> Lease/mortgage – with client's name & address <input type="checkbox"/> Utility bill – with client's name & address <input type="checkbox"/> Dated and signed affidavit stating client is homeless <input type="checkbox"/> No Change AND the following <input type="checkbox"/> Clients' CA Driver's License, State issued ID or other Government issued ID card with current address	<input type="checkbox"/> Contact with Case Manager <input type="checkbox"/> In-House documentation	<hr/> date verified <hr/> re-verified date at 6 month
Health Insurance Status	<p><i>Documented with copy of one of the below:</i></p> Medical Health Plan: _____ <input type="checkbox"/> Insurance card <input type="checkbox"/> Benefit letter or denial letter <input type="checkbox"/> Dated and signed letter from the client stating he/she has no form of insurance coverage <input type="checkbox"/> No Change	<input type="checkbox"/> Contact with Case Manager <input type="checkbox"/> In-House documentation	<hr/> Date verified <hr/> re-verified date at 6 months
*Viral Load	<p><i>Documented with a copy of one of the following</i></p> <input type="checkbox"/> Most Recent Viral Load Lab Result with client's name and date <input type="checkbox"/> Dated and signed letter from HIV medical provider with viral load value and date	<input type="checkbox"/> Contact with Case Manager <input type="checkbox"/> In-House documentation	<hr/> date verified <hr/> re-verified date at 6 month
Case Manager / Social Worker Information	<p><i>I am the Case Manager of Record for this client and have the documentation listed above on file for chart audit verification. *Required</i></p> <hr/> Print- Case Manager / Social Worker on record Agency <hr/> Phone Fax Email <hr/> *Case Manager or Social Worker's Signature Date		

* Viral Load is not required for eligibility. Viral Load value and date are required for Quality Improvement and will be collected for Medical Case Management and Outpatient Ambulatory Health Services.