

Austin TGA Ryan White Part A Client Eligibility Form

Client Name : _____ ID : _____

Eligibility Completed (Date): _____ Eligibility Expires (Date): _____

Reviewed and Nothing Has Changed (6 month review only)
New form required if something has changed and at 12 month review.

Eligibility Completed (Date): _____ Eligibility Expires (Date): _____

| Eligibility Category | Documentation Presented (Copies of all documentation are to be filed with this form and retained by the provider agency) | |
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| HIV+ diagnosis Required only at Intake. Check one: | <input type="checkbox"/> Lab test (detectable viral load [a < result will not be accepted as detectable], Western Blot, etc.) sent from lab or physician <input type="checkbox"/> Documentation submitted from the healthcare provider who is providing medical care <input type="checkbox"/> Previously obtained/Is in client file | |
| Verification of Identity Required only at Intake. Client must provide one of the following: | Unexpired (all in column): <input type="checkbox"/> Texas Driver License <input type="checkbox"/> Tribal ID <input type="checkbox"/> Texas State ID card <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Student ID <input type="checkbox"/> Metro ID Card with picture | <input type="checkbox"/> Social Security Card <input type="checkbox"/> Citizenship/Naturalization <input type="checkbox"/> Student visa <input type="checkbox"/> Birth certificate <input type="checkbox"/> Texas Learner's Permit or Temporary License <input type="checkbox"/> Other official document (list): |
| Verification of Residency Client must provide one of the following: (Documentation must include client's full legal name and match residential address on application.) <i>(Required every 6 months for eligibility)</i> | <u>Group A (one of the following)</u> <input type="checkbox"/> Unexpired Texas Driver License or Tribal ID <input type="checkbox"/> Unexpired Texas State ID <input type="checkbox"/> Utility Bill (cell phone bills not accepted) not older than two months <input type="checkbox"/> Lease, rental, mortgage or mortgage agreement <input type="checkbox"/> Current property tax document <input type="checkbox"/> Public assistance/Benefits document <input type="checkbox"/> No Fixed Address Form (for homeless clients only and signed by HIV case manager) | <u>Group B (two of the following if no documents from Group A) available)</u> <input type="checkbox"/> Current Texas Voter Registration card <input type="checkbox"/> Letter from lease holding roommate ¹ <input type="checkbox"/> Court Corrections Proof of Identity <input type="checkbox"/> Homeowner's association <input type="checkbox"/> Military/Veteran's Affairs <input type="checkbox"/> Texas vehicle title or registration card <input type="checkbox"/> Other: ² |

¹ Must include the lease holder's name, address that matches the client's application, relationship to the client and lease holder's telephone number.

² See attached "Instructions" for additional allowed documents.

| Verification of Insurance/Coverage Client must provide one of the following: <i>(Required every 6 months for eligibility)</i> | <input type="checkbox"/> Medicaid card <input type="checkbox"/> Medicare card (Part A ____ Part B ____ Part D ____) <input type="checkbox"/> Veterans Health Benefits (VA) <input type="checkbox"/> Indian Health Services (IHS) <input type="checkbox"/> Insurance card Name of insurance: _____ <input type="checkbox"/> MAP <input type="checkbox"/> Client reports no insurance coverage | | | |
|--|---|----------------------|---------------------|--|
| Verification of Household Income <i>(Required every 6 months for eligibility)</i> | | | | |
| Type of Income | Person(s) receiving income | Monthly Gross Income | Annual Gross Income | Required Documentation |
| Work income (wages, tips, commissions, bonuses) | | | | <input type="checkbox"/> 2 months current, consecutive paystubs or earnings statements for ALL jobs |
| Self-employment income | | | | <input type="checkbox"/> Most recent quarterly tax returns <i>or</i> <input type="checkbox"/> Business records for 3 consecutive months prior to verification |
| Unemployment/ Disability benefits | | | | <input type="checkbox"/> Compensations stubs <i>or</i> <input type="checkbox"/> Award letter |
| Stocks, bonds, cash dividends, trust, investment income, royalties | | | | <input type="checkbox"/> Documentation from financial institution showing income received, values, terms & conditions |
| Alimony/child support Foster care payments | | | | <input type="checkbox"/> Benefit award letter <i>or</i> <input type="checkbox"/> Official document showing amount received regularly |
| Pension or retirement income (not social security) | | | | <input type="checkbox"/> Annual benefit statement |
| Social Security retirement/survivor's benefit | | | | <input type="checkbox"/> Annual benefit statement |
| Veterans benefits | | | | <input type="checkbox"/> Benefit award letter |
| Social Security income (SSI/SSDI) | | | | <input type="checkbox"/> Annual benefit statement |
| Public Assistance | | | | <input type="checkbox"/> Most recent payment statement <i>or</i> <input type="checkbox"/> Benefit notice |
| Worker's Compensation or Sick Benefits | | | | <input type="checkbox"/> Benefit award letter |
| Other Income: | | | | <input type="checkbox"/> Document: |

| | | | | |
|--------------|--|----------------------------------|----------------------------------|--|
| TOTAL | | Monthly Total= \$ | Annual Total = \$ | No documentation available. <input type="checkbox"/> Affidavit of Self-Disclosed Income is attached. |
|--------------|--|----------------------------------|----------------------------------|--|

Family size: _____ **Federal Poverty Level:** _____

Does client have a payee? No Yes, name: _____ Phone: _____

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| No Income Statement |
| I declare that I and my family have no income. I (we) get food, housing and clothing in the following ways: |

I understand that I must tell my HIV case manager about any changes within 15 days of the change. If I lie or do not give complete information, my eligibility for Ryan White-funded services may be denied and I may have to pay for services I received if I was not eligible for them.

Client (or legal guardian) Signature

Today's date (day/month/year)

Instructions

The Ryan White Program is administered by Health Resources and Services Administration (HRSA), which requires all service providers who receive Ryan White funding to screen clients and collect supporting documentation to certify their eligibility for services based on (1) an HIV positive diagnosis, (2) proof of identify, (3) proof of residence in the Austin, TX TGA service area (4) eligibility for other assistance programs such as Medicaid/ or Medicare and (5) proof of income. The national standards further require that **eligibility be verified every 6 months.**

The eligibility determination process begins for all clients upon initial Intake and will be reassessed at the 6 month eligibility expiration date and final eligibility is determined once all supporting documentation has been received and verified, no later than 30 days from the beginning of the Intake process or the 6 month eligibility expiration date. If documentation subsequently determines that a client is not eligible, the client is not considered a Ryan White client and may not receive any services funded by the Ryan White Program.

This form may be used for two eligibility periods if there has been no change in the status of the client and the documentation provided is the same documentation from the previous eligibility period. If no changes at the 6 month review, check the box at the top of this form and enter dates. If there are changes, or if it is the 12 month eligibility re-verification, a new form must be completed.

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|-----------------------------------|--|
| Verification of HIV Status | Proof of HIV+ diagnosis does not have an expiration date and does not have to be updated. If this is not the first eligibility determination period for the client, check " <i>Previously obtained/Is in client file.</i> " |
| Verification of Identity | Identification must be confirmed at Intake and a copy must be retained in the client file. The client must provide at least one of the documents listed. |
| Verification of Residence | Ryan White Program funds can only be used for individuals who reside in the Austin TGA service area The client must provide either one document from Group A or two documents from Group B. Additional approved documents for Group B: <ul style="list-style-type: none">• Any document issued by a financial institution that includes your residence address, such as, a bank statement, loan statement, student loan statement, dividend statement, credit card bill, mortgage document, closing paperwork, a statement for a retirement account, public assistance etc.;• Approved letter from Texas State Hospital, homeless shelter, transitional service provider or halfway house |

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| | <ul style="list-style-type: none"> • Letter on company letterhead from an employer certifying that the client lives at a non-business residence address owned by the business or corporation. <p>Homeless clients must complete and sign the "Residency Verification Form". The form must also be signed by their HIV case manager and a copy attached to this "Client Eligibility Form" in the client's file.</p> <p>Required to be verified every 6 months.</p> |
| Verification of Insurance/Coverage | <p>Indicate all applicable insurance coverage and/or another other available third party resource for payment of services. Having insurance or other third party coverage does not deem a client ineligible for Ryan White services. However, that coverage must serve as the primary reimbursement of services as the Ryan White Program is required to be the "Payer of Last Resort." Clients who receive VA coverage are also available for Ryan White services and coverage. Documentation of all insurance/coverage must be retained in the client file.</p> <p>Required to be verified every 6 months.</p> |
| Verification of Income | <p>Clients must provide all documents that apply for verification of their household income. Utilize the current Federal Poverty Level (FPL) to determine client's eligibility (family size and income.) If the client does not have any of the approved documents needed to verify income, they may complete and sign the "Affidavit of Self-Disclosed Income", which must be attached to this "Client Eligibility Form" in the client file.</p> <p>Required to be verified every 6 months.</p> |