# ADAP Program Pre-SCREENING

Please see Page 2 for specific GUIDANCE.

### For all questions, please check YES or NO

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HIV Positive?</td>
<td></td>
<td></td>
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<tr>
<td>2. Living in Florida?</td>
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<tr>
<td>3. Low Household Income (&lt;400% FPL)?</td>
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<tr>
<td>4. Needs access to anti retroviral medications (ARV)?</td>
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<tr>
<td>5. Needs assistance paying for insurance?</td>
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</tbody>
</table>

**IF YOU ANSWER YES TO ALL FIVE QUESTIONS, YOU MAY BE ELIGIBLE FOR ASSISTANCE**

**NEXT:** Please meet with a Ryan White Part A Case Manager to complete the CHECKLIST below.

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## Two-Step APPLICATION CHECKLIST

Please see Page 2 for specific GUIDANCE.

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### STEP 1. CHECKLIST of Required Documents

<table>
<thead>
<tr>
<th>Do you have the following documents?</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>1. Proof of Positive HIV status</td>
<td></td>
<td></td>
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<tr>
<td>2. Proof of Florida Residency</td>
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<tr>
<td>3. Proof of Recent Household Income (2-3 months)</td>
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<tr>
<td>4. Prescription(s) for Antiretroviral (ARV) medication(s)</td>
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<tr>
<td>5. CD4 (&lt;12 months) and VL (&lt;6 months) results</td>
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<tr>
<td><strong>HAVE INSURANCE but need assistance paying for premiums, copays, deductibles?</strong></td>
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<tr>
<td>6. Insurance card, Summary of Benefits, Invoice</td>
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<tr>
<td><strong>FIRSTTIME or RETURNING AFTER ONE YEAR?</strong></td>
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<tr>
<td>7. FDOH Patient Care Core Eligibility Application FORM</td>
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</tbody>
</table>

WHEN YOU HAVE ALL DOCUMENTS READY, PLEASE PROCEED WITH STEP 2

INCOMPLETE DOCUMENTS?: STOP. ALL DOCUMENTS ARE REQUIRED TO APPLY

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### STEP 2. FACE TO FACE MEETING AT AN ADAP PROGRAM OFFICE

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
<th>Days</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flagler Office</td>
<td>2515 W Flagler Street, Miami FL 33135</td>
<td>305-643-7400 / M-F / 8-4</td>
<td>For Enrollments ONLY</td>
<td></td>
</tr>
<tr>
<td>West Perrine</td>
<td>18255 Homestead Avenue, Miami FL 33157</td>
<td>305-278-3021 / M-F / 8-4</td>
<td>For Enrollments ONLY</td>
<td></td>
</tr>
</tbody>
</table>
ADAP Program Requirements - GUIDANCE

1. **Positive HIV test result**
   Copy of an [FDA approved](http://www.fda.gov/Drugs/InformationOnDrugs/ApprovedDrugs) test for diagnosis of HIV infection.
   - A positive HIV Immunoassay (IA) test result from an initial antibody or combination antigen/antibody (Ag/Ab) test followed by a positive (reactive) HIV-1/2 type-differentiating test (Supplemental IA), qualitative Nucleic Acid Test (NAT)/Nucleic Acid Amplification Western Blot or Immunofluorescence Assay (IFA). Test (NAAT),
   - A positive qualitative HIV NAT (DNA or RNA) or HIV-1 p24 antigen test.
   - A detectable (quantitative) HIV viral load (undetectable viral load tests are NOT proof of HIV).
   - An HIV nucleotide sequence (genotype).

2. **Proof of Living in Florida**
   Documentation to show current proof of living in Florida:
   - Current state or local Florida photo identification (includes driver's license).
   - Utility bill with name and street address.
   - Housing, rental or mortgage agreement in client's name
   - Recent school records.
   - Bank statement with name and street address.
   - Letter from person with whom the client resides.
   - Property tax receipt or W-2 form for previous year.
   - Unemployment document with street address.
   - Current voter registration card.
   - Official correspondence (postmarked in last three months).
   - Prison records (if recently released).
   - Florida Department of Corrections offender search website photo print out.
   - Declaration of Domicile (Section 222.17, Florida Statutes).

3. **Household Income documents (last 2-3 months)**
   - Pay stubs showing income before taxes and deductions
   - Total income form all counted household members: spouse and dependents
   - Clients with "no income" must self-report the amount and source of their household support

4. **Prescription(s) for Anti retroviral medication(s) / FLADAP formulary**

5. **CD4 (<12 months); VL (< 6 months)**
   - Lab age at the time of enrollment

6. **Insurance card, Summary of Benefits, Invoice**
   - FLADAP approved ACA-MP plans (29) - Premiums, Medication copays
   - Medicare Part D, COBRA, Employer sponsored - Premium and/or Medication copays

7. **FDOH Patient Care Core Eligibility Application** (first enrollment OR returning after 12+ months)

    - MUST re-enroll every six months, pick up medications every 25 days,
    - Treatment Adherence & Compliance Program; Pharmacist Consultation available
    - Transportation & Nutritional (non-RX) assistance may be provided, if funding is available
    - AVAILABLE: Online re-enrollments, electronic reminders, 90-day PUSH, other services
    - English, Spanish, Creole speaking staff
    - For additional guidance, please contact a Ryan White Part A Case Manager
    - Additional information is available in the ADAP Miami website: