

Guidance to Submit a Complete Application for ADAP Services

DESCRIPTION	1st TIME	Six-Month	COMMENTS
* NEW Patient Care Application FORM	YES		NEW clients AND Returning after 12 months ONLY
* HIV (+) test result	YES		FDA approved test. Doctor statement not allowed
REQUIREMENTS			COMMENTS
1. Living in Florida	YES	YES	1. NAME & ADDRESS: FL ID, utility bill; bank statement; homeless shelter photo ID; or similar.
2. Low HH income (<400% FPL)	YES	YES	2. PAYSTUBS (<u>last 2 months</u>) & SSNs from applicant, spouse & all adult dependents in household
3. Prescription for ≥ 1 ARV	YES	YES	3. ADAP Formulary ; copies only (original for dispensing pharmacy)
4. CD4* (<12 mo.) & VL* (<6 mo.)	YES	YES	4. <u>IF AVAILABLE</u> , *MONITORING ONLY. Do not send ALL lab results; 1-2 pages max.
5. Insurance**	YES	YES	5. <u>**IF APPLICABLE</u> , card (front/back); invoice; termination letter (dated); explain <u>current</u> access to meds
REQUIRED CONSENT FORMS			COMMENTS
* Fax/Consent DH2116	YES	YES	Signature & Date; every six months
* Disclosure DH3203	YES	YES	Signature & Date; every six months
* Privacy DH150-741	YES	YES	Signature & Date; every six months
* Initiation DH8001	YES	YES	Signature & Date; every six months
* Statement of Agreement	YES	YES	Signature & Date; every six months
* Rights & Responsibilities	YES	YES	Signature & Date; every six months

REMINDERS

*All documents **MUST** be recent and up to date

*Clear copies of all documents required

*Required "ADAP Consent Forms" must be dated & signed by client

*Paystub frequency & # of checks (last 2 months): Weekly (8+ paystubs); Every 2 weeks (5+ checks); Two per month (4+ paystubs); Monthly (2+ paystubs)

*Additional income documents may be necessary: adult dependents' paystubs & SSNs; income tax; business income tax; rental income; other(s)

*Submitting a complete package results in faster processing without delays

*NEW Applicants on treatment & suppressed VL **must** clarify: (1) **Source** of access to medications; (2) Program/Funding source; (3) Letter of Termination (end date)

ADDITIONAL INFORMATION

*Flagler Street building is closed to the public. Medication dispensing **ONLY**. Do **NOT** send applicants in person to Flagler St.

*CHD Pharmacy requirements: (1) OPEN in ADAP; (2) Valid RXs; (3) Refills available; (4) no TX gaps (45+ days since last pick up) – TX GAP: Provider approval required

*Refills by phone (IVR): Call [305-643-7400](tel:305-643-7400) with RX numbers. Pick up 1-2 days later.

*SEND COMPLETE SIGNED PACKAGES ONLY > **FAX 786-420-3082** **OR** > **e-Mail** to ADAP.FLDOHMDC@flhealth.gov