

### Medication Assistance Referral Form

ADAP

PrEP-AP

NEW

RENEWAL

SVF

UPDATE

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

Referring Clinic/Doctor: \_\_\_\_\_

**CDPH Diagnosis Attached Y/N**

The following items are required to qualify for Assistance benefits and must be provided by applicants at time of appointment. A Residency Verification, Self-Employment or Income Affidavit can be processed with enrollment worker, if necessary.

IDENTIFICATION	RESIDENCY	DIAGNOSIS
<ul style="list-style-type: none"> <li>• Driver License</li> <li>• State ID</li> <li>• School ID</li> <li>• Passport</li> <li>• Foreign ID</li> <li>• Passport</li> </ul>	<ul style="list-style-type: none"> <li>• Utility Bill</li> <li>• Rental/Lease Agreement</li> <li>• Mortgage Statement</li> <li>• Vehicle Registration</li> </ul>	<ul style="list-style-type: none"> <li>• Lab Results</li> <li>• Diagnosis Form</li> </ul> <p><i>(These labs only apply for ADAP and must be within the year, include CD4 count and Viral Load. If possible please attach CDPH ADAP Diagnosis form)</i></p>
OTHER COVERAGE	<ul style="list-style-type: none"> <li>• Medi-Cal Card</li> <li>• Medicare Card</li> <li>• Medicare Part D card</li> <li>• Private Health Insurance Card</li> </ul>	
INCOME	<p><i>(If there is more than one source of income, you must provide proof of all sources of income in the form of the items mentioned below. If you are legally married or in a registered domestic partnership, you must also provide your spouse's income)</i></p> <ul style="list-style-type: none"> <li>• Complete, most recent Tax Returns and W-2's and/or 1099 or 3 consecutive months of recent Pay Stubs</li> <li>• Benefit Award Letter or 3 months of bank statements (SSA, SSD, SSI, VA)</li> <li>• Benefit Award Letter (UIB, SDI, Workers comp, Private Pension)</li> </ul>	

Notes from Referring Agency:

## **Health Insurance Premium Program (HIPP)**

HIPP is a program that covers health, dental and vision insurance premiums for eligible clients and their family members. To be eligible for the HIPP program a client must:

1. Be enrolled in ADAP [fully eligible, not on a Temporary Access Period (TAP)]
2. Be a California Resident
3. Be at least 18 years old
4. Have a Modified Adjusted Gross Income (MAGI) that does not exceed 500% of the federal poverty level (FPL) based on the household size.
5. Not be enrolled in Medicare or Full-Scope (Free) Medi-Cal or Medi-Cal Expansion

**IF YOU WOULD LIKE TO APPLY FOR HIPP, BRING ALL THE DOCUMENTS APPLICABLE TO YOU MENTIONED BELOW TO YOUR APPOINTMENT.**

### **If Enrolled via Covered California:**

- Health Plan Card
- Most Recent Health Insurance billing Statement (Medical, Dental, Vision)
- Proof of Advance Premium Tax Credit (APTC) offered by Covered California
- Covered California Welcome Letter
- Covered California Current Enrollment Summary Page
- Covered California Eligible Results Page
- Dependent Supporting Documents for each member in the family health insurance plan (if applicable)
  - Marriage Certificate or Proof of Registered Domestic Partnership
  - Birth Certificate/Adoption Documentation (if applicable)
  - Most Recent Tax Return Identifying Dependents on (if applicable)
  - Partial Payment Agreement Form (if applicable)

### **If Applying for Medicare Part D Premium Payment Program:**

- Medicare Part D Health Plan Card
- Medicare Part D Health Insurance Billing Statement

**ADDITIONAL INFORMATION MAY BE REQUESTED AFTER THE REVIEW OF YOUR APPLICATION AT THE TIME OF YOUR APPOINTMENT.**