

Ryan White Six-Month Eligibility Form

*Ryan White programs require clients provide updates to income and health insurance status on annual basis

**Idaho ADAP requires income and insurance status every six months.

Name:	Date of last verification:	
Address:	City:	Zip:
¹ Gross individual monthly income: _____	Do you have private insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
² Gross family Income: _____	If no private insurance, what is your insurance status? (proof of insurance required for all)	
³ Household/Family size: _____	<input type="checkbox"/> Medicare Part A/AB <input type="checkbox"/> Medicare Part D <input type="checkbox"/> Medicaid <input type="checkbox"/> VA/ CHAMPUS <input type="checkbox"/> Uninsured <input type="checkbox"/> Other (specify)	

¹ Individual Income: Part C Cap calculation requires individual income, regardless of legal responsibilities of marriage, adoption, or blood relationship. Please enter the person's gross individual income. (For definition of gross income. see IDAPA Rule 16-02-05, 100-02)

² Family: a group of individuals related by blood, adoption, or legal marriage who are living as one household group.

³ Household/Family size: Household can be one individual if they are not related by marriage and there are no dependents.

Income verification requires one of the following:

- a. Paystub (2 months)
- b. SSI/SSD check/annual statement
- c. Income tax returns for previous years
- d. Statement of No Income

By signing below, I certify that all the above information is correct.

Signature: _____ Date: _____