## Ryan White Six-Month Eligibility Form 2012

\*Ryan White programs require clients provide updates to income and health insurance status on annual basis (MCMs must send front and back copies of insurance cards to FPSHP).

Date of last verification:

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

Name:

Address:	City:	Zip:
<sup>1</sup> Gross individual monthly income:	_ Do you have private insurance	? □ Yes □ No
<sup>2</sup> Gross family Income:	If no private insurance, what is your insurance status? (proof of insurance required for all)	
<sup>3</sup> Household/Family size:	<ul><li> □ Medicare Part A/AB □ Medicar</li><li> □ VA/ CHAMPUS □ Uninsur</li><li> □ Other (specify)</li></ul>	
<sup>1</sup> Individual Income: Part C Cap cal responsibilities of marriage, adoption, or bloincome. (For definition of gross income.	ood relationship. Please enter the	e person's gross indivi
<sup>2</sup> Family: a group of individuals related by household group.	blood, adoption, or legal marria	ge who are living as
<sup>3</sup> Household/Family size: Household car there are no dependents.	n be one individual if they are no	t related by marriage
Income verification requires one of the fo	ollowing:	
<ul><li>a. Paystub (2 months)</li><li>b. SSI/SSD check/annual statem</li><li>c. Income tax returns for previou</li><li>d. Statement of No Income</li></ul>		
<ul><li>b. SSI/SSD check/annual statem</li><li>c. Income tax returns for previou</li></ul>	uestion in the space provided)	
b. SSI/SSD check/annual statem c. Income tax returns for previou d. Statement of No Income  nt Acknowledgement: (please initial each q	uestion in the space provided) at:  my knowledge (). y change in my health insurance s and/or state funds; any person suecution, which may result in fines,	pplying false informati imprisonment, or both