

Idaho Ryan White Medical Case Management

CLIENT CASE MANAGEMENT TRANSFER

CLIENT INFORMATION

Legal Last Name:		Legal First Name:	MI:
Date of Birth: ____/____/____	Client ID:	ADAP ID:	

TRANSFER OF INFORMATION DOCUMENTATION

Proof of HIV Diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation of Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Residency <input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Identification <input type="checkbox"/> Yes <input type="checkbox"/> No	Intake/Annual Recertification Form <input type="checkbox"/> Yes <input type="checkbox"/> No
Transferred From: From Agency _____ Case Manager _____ Date of Last Intake/Recert _____	Transferred To: To Agency _____ Case Manager _____ Date of Transfer _____ <i>Transfer must be within 30 days of Last Intake/Recert</i>
New Recertification Schedule:	Annual Month: _____ 6 Month: _____

CLIENT ACKNOWLEDGEMENTS

Client Initials	FORMS RECEIVED
	Client Rights and Responsibilities
	Complaint Grievance Procedures
	Acknowledgement of Notice of Privacy Practices (agency specific)
As a partner in this process, I acknowledge the following:	
	The purpose of my participation in Medical Case Management is to assure my engagement in HIV medical care
	I will notify my Medical Case Manager of any changes in my health insurance, financial, income or living arrangements
	I authorize this agency to share information and to coordinate care with the Ryan White Part B and Part C programs
	I understand that the financial assistance for the purchase of medications and services is subject to limits of the federal and state funding that is available for this program.
	This program involves the receipt of federal and/or state funds. Any person supplying false information is subject to state and/or federal criminal prosecution, which may result in fines, imprisonment or both. Additionally, there will be an automatic six-month suspension from RWPB programs and ADAP.

Client/Guardian Signature

Date

Medical Case Manager Signature

Date