

## Idaho Ryan White Part B MCM and ADAP Six-Month Eligibility Self-Attestation Form

To maintain eligibility for the Idaho Ryan White Part B medical case management and AIDS Drug Assistance Program (ADAP) services, clients must recertify every six months.

<b>Name:</b>				<b>Date of birth</b> ____/____/____
<i>If your name has changed since your last recertification, please provide supporting documentation (e.g. marriage certificate, divorce decree, Driver's license, Pass port or ID card.)</i>				
<b>Address:</b> <input type="checkbox"/> <b>No Change</b>	<b>Street:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<i>If you have moved since your last recertification, please include documentation of your new address by including a copy of a utility bill, rental agreement, or other document of your new address.</i>				
<b>Insurance Status:</b> <input type="checkbox"/> <b>No Change</b>	<input type="checkbox"/> <b>New change as of (date)</b> _____ <input type="checkbox"/> <b>No form of insurance</b> <input type="checkbox"/> <b>Medicaid</b> <input type="checkbox"/> <b>Medicare Part A/AB</b> <input type="checkbox"/> <b>Medicare Part D</b>		<input type="checkbox"/> <b>ACA health plan</b> <input type="checkbox"/> <b>Private Insurance</b> <input type="checkbox"/> <b>VA/CHAMPUS</b> <input type="checkbox"/> <b>Other (specify):</b> _____	
<i>If your insurance status has changed since your annual recertification and/or intake and you now have insurance coverage of any kind, please include front and back copies of your insurance cards.</i>				
<b>Income:</b> <input type="checkbox"/> <b>No Change</b>	<input type="checkbox"/> <b>New change as of (date)</b> _____ <input type="checkbox"/> <b>I/we have no income</b> <input type="checkbox"/> <b>Work income</b> <input type="checkbox"/> <b>Self-employment income</b> <input type="checkbox"/> <b>Unemployment Insurance</b> <input type="checkbox"/> <b>Social Security Income (SSI)</b> <input type="checkbox"/> <b>Social Security Disability Income (SSDI)</b>		<input type="checkbox"/> <b>Short/Long term disability</b> <input type="checkbox"/> <b>Pension/retirement income</b> <input type="checkbox"/> <b>Veterans benefits</b> <input type="checkbox"/> <b>Alimony/Child support</b> <input type="checkbox"/> <b>Stocks, bonds, cash dividends, trust, investment income, royalties</b> <input type="checkbox"/> <b>Spouse's income</b> <input type="checkbox"/> <b>Other Income (List source)</b> _____	
<i>If your income changed since your annual recertification and/or intake, please include appropriate documentation (e.g. pay stubs for two months, Social Security award letter, tax return transcript, W-2, or statement of no income).</i>				
<b>Household size:</b> <input type="checkbox"/> <b>No Change</b>	<input type="checkbox"/> <b>New change as of (date)</b> _____ <b>Current household size</b> _____			
<i>Information regarding family members who live with you must be included. The household size and income information is used to calculate your Federal Poverty Level (FPL) and to determine your eligibility.</i>				
<b>Client Signature:</b> _____ <b>Date:</b> _____ <i>I attest that my signature on this form indicates the information provided is accurate and complete to the best of my knowledge.</i>				
<b>Staff Signature*:</b> _____ <b>Date:</b> _____				
<i>*In person self-attestations must be signed by the client. Phone attestations must include the signature of the case manager completing the form.</i>				
<b>To be completed by MCM Agency</b>	<b>Case Manager Name:</b>	<b>Client ADAP ID:</b>	<b>Recertification Month:</b>	