



**NEVADA RYAN WHITE PARTS ABCD
COMMON GUIDANCE DOCUMENT
REGISTRATION LETTER**

Client Name: _____

Updated Date: _____

Thank you for your recent registration and interest in receiving Ryan White services. Ryan White Part ABCD HIV/AIDS Programs are federal programs that addresses the unmet health needs of persons living with HIV (PLWH) by funding primary health care and support services that enhance access to and retention in care.

Pending Eligibility

You are missing some of the documents required to complete the eligibility process. A 30-day provisional enrollment period been approved; however, the required documents must be submitted within this timeframe for the enrollment process to proceed. Please return the following document(s) prior to your end date to ensure no break in Ryan White ABCD service coverage.

Additional information might be required for ADAP Medication and Insurance Assistance Services. If you are requesting those services then you will be contacted by Access to Healthcare Network for screening and placement into the most cost-effective program. You will be able to pick up medications at your pharmacy within three to five business days of today's appointment.

Start Date	End Date
Click here to enter a date	Click here to enter a date

Eligibility Specialist	Agency	Phone Number

<input type="checkbox"/>	PROOF OF HIV DIAGNOSIS: All clients must provide medical documentation of HIV diagnosis upon initial enrollment only .
<input type="checkbox"/>	PROOF OF IDENTIFICATION: One (1) document is required upon initial enrollment only .
<input type="checkbox"/>	PROOF OF NEVADA RESIDENCY: Two (2) forms are required. The documents must be dated and current upon initial enrollment and annually .
<input type="checkbox"/>	PROOF OF INCOME LEVEL: Proof of modified adjusted gross income not to exceed 400% of the federal poverty line upon initial enrollment and annually .
<input type="checkbox"/>	PROOF OF HOUSEHOLD SIZE: Household income includes all individuals the client claims, may claim, or will claim in the most current tax year upon initial enrollment and annually .
<input type="checkbox"/>	CURRENT LABS (NO OLDER THAN TWELVE MONTHS) CD4 AND VIRAL LOAD: required annually
<input type="checkbox"/>	SURVEY OF EXISTING HEALTH CARE COVERAGE upon initial enrollment and annually .



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Full Enrollment

You have completed the Ryan White eligibility process. Below are your start and end dates for Ryan White ABCD Program. It is your responsibility to schedule an appointment for eligibility redetermination before the end date.

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Start Date	End Date
Click here to enter a date	Click here to enter a date

Eligibility Specialist	Agency	Phone Number

It is important to stay connected and registered in Ryan White Part ABCD Programs. Please report any changes to your registering agency. These changes may include your address, telephone number, financial needs, living arrangements, or service needs.