

# Nevada Office of HIV/AIDS Ryan White Part B Program Eligibility & Enrollment Documents/Checklist



**Name:** \_\_\_\_\_ **URN:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Eligibility Specialist:** \_\_\_\_\_

Documents from each category must be attached to this checklist and easily located in the client file for the initial enrollment, annual and six month recertification. Please review OHA Policy 15-21 for more guidance.

<b>PROOF OF HIV DIAGNOSIS</b>	
All clients must provide upon <b>initial enrollment only</b> one (1) medical/legal document from the list below indicating HIV infection.	
<input type="checkbox"/>	Western Blot
<input type="checkbox"/>	Request for Proof of Diagnosis Form completed by applicant's physician (Form 15-39)
<input type="checkbox"/>	Letter on physician's letterhead, with signature of MD, indicating that the applicant is HIV positive with diagnosis date.
<input type="checkbox"/>	Quantitative viral load test with value when accompanied by a physician letter stating HIV positive diagnosis.
<input type="checkbox"/>	Positive HIV immunoassay and positive HIV Western Blot
<input type="checkbox"/>	Positive HIV immunoassay and detectable HIV RNA
<input type="checkbox"/>	Two positive HIV immunoassays (should be different assays based on different antigens or different principles)

<b>PROOF OF IDENTIFICATION</b>	
All clients must provide upon <b>initial enrollment only</b> one (1) of the documents below. <u>Driver Authorization Card is not allowable.</u>	
<input type="checkbox"/>	Nevada Driver's License
<input type="checkbox"/>	Passport/Foreign Country ID
<input type="checkbox"/>	INS papers/Permanent Resident Card
<input type="checkbox"/>	Government issued photo ID card
<input type="checkbox"/>	Consulate Card
<input type="checkbox"/>	Resident Alien Card (U.S. citizenry not required)
<input type="checkbox"/>	Social Security Card or Birth Certificate; must be in conjunction with photo ID (above)

<b>CURRENT LABS (CD4 / VIRAL LOAD)</b>	
All applicants must provide <b>upon initial enrollment only</b> current CD4 <b>and</b> Viral Load lab work. Upon annual enrollment only Viral Load lab is required but CD4s are highly desirable	
<input type="checkbox"/>	For clients receiving Outpatient Ambulatory Medical Care through RWPB, labs are required at six month recertifications

<b>EXISTING INSURANCE COVERAGE</b>	
All clients must provide upon initial enrollment and annually proof of existing insurance (public or private) or a statement of no insurance. <b>Clients requesting Insurance or Medication Assistance will not receive services until this information is provided.</b>	
<input type="checkbox"/>	Proof of Medicaid/Nevada Health Link application or exemption
<input type="checkbox"/>	Employer Insurance Verification (Form 15-49)
<input type="checkbox"/>	Current insurance benefits package information
<input type="checkbox"/>	<b>Statement that client is not currently covered by any form of insurance.</b>

<b>PROOF OF NEVADA RESIDENCY</b>	
All clients must provide upon initial enrollment and annually two (2) documents from the list below	
<input type="checkbox"/>	Current lease/Rental Agreement
<input type="checkbox"/>	Rent/Mortgage Receipt (dated within the past 30 days)
<input type="checkbox"/>	Any Bill or Invoice (dated within the past 30 days)

<b>PROOF OF NEVADA RESIDENCY (CONT.)</b>	
<input type="checkbox"/>	Verification of Residence (dated within the past 30 days) (Form 15-50)
<input type="checkbox"/>	Letter from a Government Agency
<input type="checkbox"/>	Voter Registration/Vehicle Registration
<input type="checkbox"/>	Prison Release Papers
<input type="checkbox"/>	Current Nevada Driver's License
<input type="checkbox"/>	Current Nevada DMV Identification Card
<input type="checkbox"/>	Consulate Identification Card
<input type="checkbox"/>	Resident Alien Card
<input type="checkbox"/>	Other verifiable government issued photo ID with address
<input type="checkbox"/>	Dependent Support Form with current utility bill rent/mortgage receipt, etc.
<input type="checkbox"/>	Housing/Residence Declaration (Form 15-44)
<input type="checkbox"/>	Tax Return
<input type="checkbox"/>	Proof of property taxes paid

<b>PROOF OF INCOME LEVEL</b>	
Proof of household income not to exceed 400% FPL based on their Modified Adjusted Gross Income (MAGI). Household income includes the income of anyone client claims on their taxes or the income of someone who claims client on their taxes.	
<input type="checkbox"/>	Copy of most recent pay stubs for the last month
<input type="checkbox"/>	Copy of most recent annual disability, SSI, retirement, pension, VA, child support/alimony, unemployment benefits, etc. statements
<input type="checkbox"/>	Profit and Loss Statement from self-employment (Form 16-04)
<input type="checkbox"/>	Verification of No Income (Form 15-45)
<input type="checkbox"/>	One (1) month of bank statements only if pay stubs or annual statements cannot be provided
<input type="checkbox"/>	Pre-paid debit card statements
<input type="checkbox"/>	Dependent Support Form (Form 15-48)

<b>PROOF OF HOUSEHOLD SIZE</b>	
All clients must provide upon initial enrollment and annually all individuals they claim, may claim, or will claim in most current tax year.	
<input type="checkbox"/>	Household Composition Form (16-03)

<b>RECERTIFICATION – EVERY SIX (6) MONTHS</b>	
One of the following is acceptable at six month recertification: full application and documentation, self-attestation of no change or self-attestation of change with documentation	
<input type="checkbox"/>	Six Month Self-Attestation of Ryan White Part B Eligibility (Form 15-46)
<input type="checkbox"/>	Existing Insurance Coverage (refer to this section)
<input type="checkbox"/>	Proof of Nevada Residency (refer to this section)
<input type="checkbox"/>	Proof of Income Level (refer to this section)
<input type="checkbox"/>	Proof of Household Size (refer to this section)
<input type="checkbox"/>	Most recent labs if available (not required)