

Instructions for Completing the ADAP Application Form

V07/31/12

Name – Please include your complete, legal name. Don't list nicknames. If the name you list here does not match your name in other parts of your application (such as your pay stubs), please attach an explanation.

Residential address and mailing address – List your current, complete residential address and mailing address. No out-of-state addresses will be accepted. ADAP will mail to a post office box in Colorado, but you **MUST** list a valid Colorado residential address. If you do not give us permission to contact you at either address, the ADAP office will not be able to send you recertification reminders, **your prescription drug card**, and other important information.

Proof of Colorado Residency – You **MUST** attach proof that you live in Colorado. If you don't provide proof, it could delay or prevent your recertification. Preferred forms of proof of residency for ADAP are:

- 1) An unexpired Colorado driver's license or state-issued identification with your current, valid Colorado address. If you provide a hand written change of address on the reverse side of the I.D., ADAP staff may need to follow up with you for further proof.
- 2) A lease, mortgage statement, rent receipt, hotel receipt, or other proof you have paid for housing in Colorado.
- 3) A utility bill with a Colorado service address in the applicant's name. Gas, electric, water, cable, and land-line phone bills are preferred, showing your residential address (not PO Box). A mobile phone bill is not acceptable.
- 4) Another form of government-issued identification with your valid Colorado residential address.

In general, the name on the proof of residency must match yours. If you are living with someone else and your name is **not** on any of the forms providing proof of residency listed above, follow the instructions on the "Statement of Support" (**Section 1**) that is included on **page 8** of the recertification form. For questions about these requirements, please call the ADAP Office at (303) 692-2716.

Case manager/social worker – This could be your case manager at your local AIDS project, your social worker at your doctor's office, or the enrollment worker at your clinic. If ADAP staff has questions about something on your form, we may contact your case manager or social worker to get answers, especially if we have trouble reaching you.

Relationship status – Please list only a marriage that is recognized by the state of Colorado, including common law marriage. Domestic partnerships, civil unions, and marriages of same-sex couples are not recognized under Colorado law. If you are legally married, ADAP will count your spouse as part of your household for eligibility purposes. In general, your household must have income at or below 400% of the federal poverty level (FPL) for you to be eligible. The larger your household, the more income you can earn and still be considered eligible for ADAP.

Number of children – To determine if you are eligible, ADAP needs to know the size of your household. Any children that live with you will be counted as part of your household for ADAP eligibility purposes. If you pay more than 50% of the monthly living costs of other children who do not live with you (e.g., through child support payments) ADAP will also count those children in the size of your household. In general, your household must have income at or below 400% of the federal poverty level for you to be eligible. The larger your household, the more income you can earn and still be considered eligible for ADAP.

Health insurance – Colorado ADAP has assistance available to help with the costs of health insurance, including premiums and out of pocket costs. Therefore, if you’ve avoided health insurance because of cost, ADAP may be able to help. **If you are already getting help from ADAP paying for the cost of health insurance, it is not necessary to provide further health insurance information as part of the recertification process and the rest of these health insurance instructions do not apply to you.**

If you are employed, you will need to have your employer complete and sign the “Employer Insurance Information Form” found on **page 7** of the recertification form. If your legally married spouse is employed, he or she will need to have his or her employer complete and sign the “Employer Insurance Information Form”. Make sure you attach a description of the benefits available, particularly the prescription drug benefit. ADAP staff will review this information and, if appropriate, will contact you to discuss enrolling in the plan, with financial help from ADAP. Once your employer has returned the completed, signed “Employer Insurance Information Form” to you, you should attach it to your recertification form.

There is nothing on the “Employer Insurance Information Form” that would tell the employer that you are living with HIV or AIDS. ADAP staff will not disclose your HIV positive status if we need to contact the employer for additional information. *Applicants are NEVER required to disclose their HIV status in order to get health insurance information from their employer.* If you are afraid to enroll in your employer-based health insurance for this reason, call the ADAP Office at (303) 692-2716 to discuss alternatives.

Due to federal requirements, you will need to provide this information every six months even if you did not change employers and your employer still offers exactly the same health insurance plan.

Household income – **On page 5** of the recertification form there are tables for you to list income coming into your household. This includes income from work and income from other sources, such as SSI, SSDI, or a pension. Include income earned by you (the applicant), income earned by your legal spouse, and income earned by your children who are counted by ADAP as part of your household. Do NOT include income paid to other people in your household, such as your unmarried partner or other relatives. If the applicant is under age 18, include income earned by parents or legal guardians.

For each dollar amount you list in the table on **page 5**, you will need to provide written documents that back up your numbers. The preferred document is your most recently filed U.S. Federal Tax Return, with all schedules and tables. If you have not filed a tax return, the following alternatives are acceptable:

- 1) An IRS W-2 “Wage and Tax Statement,” IRS Form 1099 “Miscellaneous Income Form,” or other government-issued statement of income;
- 2) An award letter from a payment source (such as Social Security or Colorado unemployment) that lists gross amount;
- 3) One month of consecutive pay stubs or remittance advices from an employer;
- 4) Bank statements clearly showing deposits from all sources of income.

If you are self-employed and have no tax return, call (303) 692-2716 and ask for an “ADAP Net Self-Employment Income Worksheet.”

If you show that your household income is \$0, you **MUST** complete and attach the “Statement of Support” found on **page 7** of the recertification form. If someone else (like a friend or other relative) supports you, have that person fill out **Section 1** of the Statement of Support and sign it. If you aren’t receiving support from someone else, fill out **Section 2** of the Statement of Support and sign it yourself. *Applicants are NEVER required to disclose their HIV status in order to complete a “Statement of Support.”*