

UNIVERSAL ELIGIBILITY APPLICATIONS UPDATE HIGHLIGHTS

- **Universal Eligibility Application** – is now usable for both Initial and Annual Recertification
- **Six Month Self-Attestation** – is now one page and will be utilized at client's ½ birthday.
- **Client Change of Information Form** – to be utilized whenever a client has a change in income, residency, household size or name change. This form will only be available to case managers and only used if updates are needed.
- **Supplement Forms** – these are forms that will be utilized when client has missing documentation to determine their eligibility. Forms only be available to case managers and only be utilized when necessary.
- All forms are now PDF Fillable





Nevada Ryan White All Parts Common Guidance Document 18-04A Universal Eligibility Application

Application Date: _____

Initial Application

Annual Recertification

One application used
for both Initial and
Annual Recertification

For Administrative Use Only:

New Ryan White Eligibility:

Start Date: _____

End Date: _____

Case Manager/ Eligibility Specialist Name: _____

Subrecipient Agency: _____

New field- agency name
where application is
being completed



CONTACT INFORMATION				
Legal Last Name:		Legal First Name:		Middle Name:
*Birth Date:		Preferred Name or AKA:		
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ In Need of a Translator: Yes <input type="checkbox"/> No <input type="checkbox"/>		SSN or TIN (Optional)		
Home Address:		City:	State:	Zip:
Mailing Address (if different than home):		City:	State:	Zip:
1. Phone – include area code:	Type:	May we contact you by phone? <input type="checkbox"/> Yes <input type="checkbox"/> No May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact you by mail? <input type="checkbox"/> Yes <input type="checkbox"/> No Should mail be confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Phone – include area code:	Type:			
E-mail Address:	May we E-Mail you? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Translator question added



Minor changes made to these questions



Emergency contact
changed to Secondary
Contact



SECONDARY CONTACT			
Name:	1. Phone – include area code:	Relation to the Client?	
Address:		City:	State: Zip:
Notes/Comments:		Is the Secondary Contact Aware of client's status? <input type="checkbox"/> Yes <input type="checkbox"/> No	



DEMOGRAPHICS

<p>*Current Gender Identity:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Transgender Male-to-Female (MTF)</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Transgender Female-to-Male (FTM)</p> <p><input type="checkbox"/> Transgender Other: _____</p> <p><input type="checkbox"/> Refuse to Report (Prefer Not to Disclose)</p>	<p>*Sex at Birth:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>As shown on Birth Certificate</p>	<p><u>Preferred Pronouns</u></p>
<p>*Race/Ethnicity:</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander <i>(if checked, choose an option below)</i></p> <p> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/Chamorro</p> <p> <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander: _____</p> <p><input type="checkbox"/> Asian <i>(if checked, choose an option below)</i></p> <p> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese</p> <p> <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: _____</p>	<p>*Race/Ethnicity:</p> <p><input type="checkbox"/> Non-Hispanic/Latino</p> <p><input type="checkbox"/> Hispanic/Latino, <i>(if checked, choose an option below)</i></p> <p> <input type="checkbox"/> Mexican, Mexican American, Chicano/a</p> <p> <input type="checkbox"/> Puerto Rican</p> <p> <input type="checkbox"/> Cuban</p> <p> <input type="checkbox"/> Other Hispanic: _____</p> <p><input type="checkbox"/> Other: _____</p>	
<p>Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed</p>		
<p>Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Added option



Added pronoun field

Clarification added

Added option

Education level questions have been removed



RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize any of the agencies listed below who participate in the community-based Ryan White All Parts (ABCD) Programs and HOPWA Programs in the State of Nevada to release and/or share information concerning my eligibility, medical record status, and information concerning my diagnosis and treatment. The following agencies/programs authorized are:

- ❖ ACCEPT
- ❖ Access to Healthcare Network
- ❖ Aid for AIDS of Nevada
- ❖ AIDS Healthcare Foundation
- ❖ Carson City Health and Human Services
- ❖ City of Las Vegas
- ❖ Clark County Social Service
- ❖ Community Counseling Center
- ❖ Community Outreach Medical Center
- ❖ Dignity Health
- ❖ Division of Public and Behavioral Health HIV Surveillance
- ❖ Golden Rainbow
- ❖ Huntridge Family Clinic
- ❖ Kirk Kerkorian School of Medicine / UNLV Health
Maternal Child Wellness Program
- ❖ Your Health Insurance Company: _____
- ❖ Your Physician: _____
- ❖ Partner/Spouse/Other: _____
- ❖ Impact Exchange
- ❖ Magellan Rx – Pharmacy Benefits Manager
- ❖ Medicare
- ❖ Nevada Division of Welfare and Supportive Services
- ❖ Nevada Medicaid
- ❖ Northern Nevada HOPES
- ❖ Nye County Health & Human Services
- ❖ Southern Nevada Health District
- ❖ The Gay & Lesbian Center of Southern Nevada
- ❖ University Medical Center- Wellness Center
- ❖ University Nevada, Las Vegas School of Dental Medicine
- ❖ Woman's Development Center

Agency list has been updated



↓ Changed from Affidavit to Acknowledgment

ACKNOWLEDGEMENT

I fully understand that by applying for this program, I am divulging personal information that will be used to assist me with benefits associated with the Nevada Ryan White Parts A, B, C, D Programs. I understand this information will be kept confidential but will be used by staff to review my eligibility for this program. Also, by signing this form, I understand that the information contained within may be used to verify all application information provided. By applying for this program, I understand that this does not mean that my application will be accepted, as funds are limited, and eligibility requirements must be met.

I fully acknowledge:

1. **It is my responsibility to renew my eligibility every 6 months on or before my birth month and 6 months following (half-birth month).**
2. **It is my responsibility to report any changes to my household income, my address, my contact information, my health insurance, or any other information that may affect my eligibility or services.**
3. **If I fail to recertify, my eligibility and benefits will be suspended.**

I certify that the information provided in this application is true and accurate as of the date below and acknowledge that any intentional or negligent misrepresentation of the information may result in nullification of this application and a termination of benefits.

Client Printed Name

Client Signature

Date





**Nevada Ryan White All Parts
Common Guidance Document 18-06A
Universal Eligibility Application - Six Month Self-Attestation**

For Administrative Use Only:
New Ryan White Eligibility: _____ Start Date: _____ End Date: _____

Name:					Date of birth
<i>If client's name has changed since your last recertification, please provide supporting documentation (e.g., marriage certificate, divorce decree, Driver's license, Passport, or ID card.)</i>					
Address: <input type="checkbox"/> No Change	Street:	City:	State:	Zip:	
<i>If client's residency status has changed since their last recertification, please complete the Residency Section of the Client Change of Information Form and include documentation of the change.</i>					
Insurance Status: <input type="checkbox"/> No Change	<input type="checkbox"/> New change as of (date) _____ <input type="checkbox"/> No form of insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare Part A/AB <input type="checkbox"/> Medicare Part D		<input type="checkbox"/> ACA health plan <input type="checkbox"/> Private Insurance <input type="checkbox"/> VA/CHAMPUS <input type="checkbox"/> Other (specify): _____		
<i>If client's insurance status has changed since their last certification, please complete the Insurance Section of the Client Information Form and include documentation.</i>					
Income: <input type="checkbox"/> No Change	<input type="checkbox"/> New change as of (date) _____ <input type="checkbox"/> I/we have no income <input type="checkbox"/> Work income (increase or decrease) <input type="checkbox"/> Self-employment income <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Social Security Income (SSI) <input type="checkbox"/> Social Security Disability Income (SSDI)		<input type="checkbox"/> Short/Long term disability <input type="checkbox"/> Pension/retirement income <input type="checkbox"/> Veterans' benefits <input type="checkbox"/> Alimony/Child support <input type="checkbox"/> Stocks, bonds, cash dividends, trust, investment income, royalties <input type="checkbox"/> Spouse's income <input type="checkbox"/> Other Income (List source) _____		
<i>If client's income status has changed since their recertification, please complete the Income section of the Client Change of Information Form and include documentation of change.</i>					
Household size: <input type="checkbox"/> No Change	<input type="checkbox"/> New change as of (date) _____ Current household size _____				

*If client's household size has changed since their last recertification, please complete the **Household Section** of the Client Change of Information Form and include documentation of change.*

Client Signature: _____ Date: _____			
<i>I attest that my signature on this form indicates the information provided is accurate and complete to the best of my knowledge.</i>			
Staff Signature*: _____ Date: _____			
<i>*In person self-attestations must be signed by the client, non-personal attestations must include "Signing for the Client" in the client signature block AND the signature of the case manager completing the form.</i>			
To be completed by MCM Agency	Case Manager Name:	Subrecipient Agency:	Client URN:

One page document

*No additional paperwork needed if there are no changes

New fields to complete



Case manager /Eligibility worker and client both sign





**Nevada Ryan White Parts ABCD
Common Guidance Document
Client Change of Information Form**

Date of Change: _____

Client Name: _____

Client URN: _____

Section I: Residency (Complete only if a change in residency)

What is your current housing status?

- I live in stable housing (includes HOPWA): Rent Own Long-Term Care Facility
 I live in temporary housing: Friends/Family (including couch-surfing) Hotel/Motel Transitional Housing or Treatment Center
 I live in unstable housing: Homeless/Emergency Shelter Jail/Prison/Detention Facility

All clients must provide one (1) residency document from the list below indicating Nevada residency.

- Please select one option from the list below and **attach a copy** to this application
- **If your address changes at any time, please contact an Eligibility Specialist or Case Manager to update your address**
- United States citizenship is not a requirement of Ryan White eligibility

Residency Documents

- | | |
|---|--|
| <input type="checkbox"/> Current Lease/Rental Agreement | <input type="checkbox"/> Current Nevada Driver's License or State ID Card |
| <input type="checkbox"/> Rent/Mortgage Receipt (dated within the past 30 days) | <input type="checkbox"/> Consulate Identification Card |
| <input type="checkbox"/> Any Bill, Invoice, or Correspondence (dated within the past 30 days) | <input type="checkbox"/> Resident Alien Card |
| <input type="checkbox"/> Paycheck Stubs with Your Address | <input type="checkbox"/> Proof of Property Taxes Paid |
| <input type="checkbox"/> Letter from a Government Agency | <input type="checkbox"/> Voter Registration/Vehicle Registration |
| <input type="checkbox"/> Other Verifiable Government-Issued ID with Address | <input type="checkbox"/> Prison Release Papers |
| <input type="checkbox"/> Dependent Support Form (CGD 15-48) or a Letter: See below | <input type="checkbox"/> I am Homeless: Complete the Attestation of Homelessness Below |
| <input type="checkbox"/> Verification of Residence (CGD 15-50) or a Letter from Landlord | |

If you cannot provide residency proof in your own name, please complete the Dependent Support Form (CGD 15-48) or submit a letter with your current address and a signature of person(s) providing support.

Section II: Household Size (complete only if a change in household)

List members of your household, such as a legal spouse and children who live with you, **and** anyone you will claim as a dependent on your taxes. Please list yourself first.

Client or Family Member Name	Relationship to Client	Does this person have Taxable Income?	Over age 18?	Claimed on Taxes?
	Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Household Size: _____

Section III: Income (complete only if a change in income)

All clients and household members listed above must provide proof of income documentation from the list below.

- Please select **all** income options that apply to your household from the list below and attach copies to this application
- **If your income changes at any time, please contact an Eligibility Specialist or Case Manager to update your income**

Changed from
Affidavit to
Acknowledgment

Acknowledgement

I certify that the information provided in this application is true and accurate as of the date below and acknowledge that any intentional or negligent misrepresentation of the information may result in nullification of this application and a termination of benefits.

Client Printed Name

Client Signature

Date

Case Manager Printed Name

Case Manager Signature

Date

**In person self-attestations must be signed by the client. Electronic Media attestations must include "signed on behalf of client:" in the client signature.*





**Nevada Ryan White Parts ABCD
Common Guidance Document
Supplement Document Spacer Form(s)**

The following forms may be used to meet eligibility criteria for Proof of Diagnosis, Residency, and Income only when client has no documentation of proof. If any of these documents are utilized case managers will submit the completed forms with the application.

- Request for Proof of Diagnosis- 15-39
- Dependent Support Form- 15-48
- Verification of Residence Form – 15-50
- Profit and Loss Statement for Self-Employment

**No changes made to these forms, only
use as needed**

