



Ryan White Primary Care Program Application

County of San Diego | Health and Human Services Agency

Supplements a completed ADAP Application

The Ryan White Primary Care (RWPC) Program does not cover all medical care. Neither hospitalization nor emergency room services are covered. If you are referred to Medi-Cal you **MUST** apply within 60 days of this application date or you will lose your RWPC benefits. Patients found to have other coverage are required to repay the cost of RWPC services.

- 1) Do you have health insurance, Medi-Cal, or Medicare? ☐ Yes; ☐ No; If "Yes" list Provider: _____ Member #: _____
- 2) Have you applied for ADAP and completed the Financial Worksheet (i.e., income is not pending)? ☐ Yes; ☐ No
- 3) Do you live in San Diego County? ☐ Yes; ☐ No
- 4) Are you eligible for primary care medical services through the VA or other military facility? ☐ Yes; ☐ No
- 5) Are you between 21 and 64-years-9-months of age? ☐ Yes; ☐ No
- 6) Are you a US citizen or a Legal Permanent Resident (LPR) for five years or more? ☐ Yes; ☐ No.
- 7) Is your household's monthly income 138% of Federal Poverty Level (FPL)? ☐ Yes; ☐ No (You must provide a copy of your completed and signed *ADAP Application** with this application.) Ask clinic staff for current FPL.

Question 1 "Yes": STOP HERE. You are not eligible for Ryan White Primary Care medical services and must use your existing coverage.

Question 2 "No": Within 30 days you must provide income verification to your ADAP Enrollment Worker or your RWPC benefits will end.

Question 3 "No": STOP HERE. You are not eligible for RWPC in San Diego County. Apply in your county of residency.

Question 4 "Yes": You are strongly encouraged to seek medical care at the VA or other military medical facility.

Question 5 "No": STOP HERE. If age 21 or younger, apply for Medi-Cal. If age 64 years and 9 months or older, apply for Medicare.

Questions 6 "Yes": You may be eligible for Medi-Cal and must apply within 60 days.

Last Name		First Name		MI	Social Security #	Mother's Maiden Name
Date of Birth	Age	Housing Status ☐ Rent; ☐ Own; ☐ Rent room; ☐ Live with family/ friends; ☐ Substance Abuse Treatment Facility; ☐ Assisted Living Facility; ☐ Homeless				

The above statements are true to the best of my knowledge. I authorize the release of information from my medical records to the County of San Diego and the Ryan White Primary Care Program administrative contractor. I understand that the information I have provided is subject to verification and that concealing or deliberately providing false information will result in loss of eligibility for Ryan White CARE Act services. I have received a copy of *Ryan White Primary Care Program Information for Patients* and understand which services are and are not covered. I agree to apply for Medi-Cal if referred and understand that I may be dropped from the Ryan White Primary Care Program if I do not apply for Medi-Cal within 60 days of the date signed.

Applicant Signature: _____ **Date:** _____

The patient's medical record supports RWPC eligibility; the *ADAP Application* is completed. If patient received a referral, check the following applicable box and attach a copy of *Referral Letter*: ☐ Medicare ☐ Medi-Cal

Clinic Staff Name: _____ Clinic: _____ Phone: _____

On what date does applicant's ADAP eligibility end? _____ Enrollment Worker ID: 3 7 _____

Providers: Direct questions about this application to San Diego County, HIV, STD, and Hepatitis Branch at (619)293-4712.

Distribution: white to UnitedHealthcare with a **confidential** coversheet; yellow to patient; pink to patient file

RW-1AE (Jan 2014)