



Nevada Ryan White Parts ABCD Common Guidance Document Eligibility & Enrollment Document 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.

PROOF OF HIV DIAGNOSIS	
All clients must provide upon initial enrollment only one (1) medical/legal document from the list below indicating HIV infection.	
<input type="checkbox"/>	Western Blot
<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"/>	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)
<input type="checkbox"/>	Request for Proof of Diagnosis Form completed by applicant's physician (CGD 15-39)

PROOF OF IDENTIFICATION	
All clients must provide upon initial enrollment only one (1) of the documents below. <u>Driver Authorization Card is not allowable. Can be expired</u>	
<input type="checkbox"/>	Nevada Driver's License with Photo
<input type="checkbox"/>	US or Foreign Passport with Photo
<input type="checkbox"/>	Permanent Resident Card with Photo
<input type="checkbox"/>	Local, State, Federal Government issued card with Photo
<input type="checkbox"/>	Consulate Card with Photo
<input type="checkbox"/>	Resident Alien Card (U.S. citizenry not required) with Photo

CURRENT LABS (CD4 / VIRAL LOAD)	
See below for required lab schedule	
<input type="checkbox"/>	Initial Enrollment: CD4 and Viral Load, no older than six months
<input type="checkbox"/>	Annual Enrollment: CD4 and Viral Load, no older than six months
<input type="checkbox"/>	Outpatient Health Client: CD4 and Viral Load, no older than six months every six months

PROOF OF NEVADA RESIDENCY	
All clients must provide upon initial enrollment and annually two (2) documents from the list below. Cannot be expired. Addresses must match	
<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)
<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 or State ID 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"/>	Proof of property taxes paid
<input type="checkbox"/>	Verification of Residence (CGD 15-50)
<input type="checkbox"/>	Dependent Support Form (CGD 15-48)
<input type="checkbox"/>	Non-Stable Housing Declaration Form (CGD 15-44)

PROOF OF INCOME LEVEL	
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. Provided upon initial enrollment and annually .	
<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"/>	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"/>	Profit and Loss Statement from self-employment (CGD 16-04)
<input type="checkbox"/>	Verification of No Income (CGD 15-45)
<input type="checkbox"/>	Dependent Support Form (CGD 15-48)
<input type="checkbox"/>	MAGI Worksheet (CGD 15-52) REQUIRED

PROOF OF HOUSEHOLD SIZE	
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 (CGD 16-03) REQUIRED

EXISTING INSURANCE COVERAGE	
All clients must provide upon initial enrollment and annually proof of existing insurance (public or private) or a statement of no insurance. Clients requesting Insurance or Medication Assistance will not receive services until this information is provided.	
<input type="checkbox"/>	Survey of Existing Insurance Coverage (CGD 16-10) REQUIRED

RECERTIFICATION – EVERY SIX (6) MONTHS	
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 ABCD Eligibility (GCD 15-46)
<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"/>	Existing Insurance Coverage (refer to this section)
<input type="checkbox"/>	CD4 and Viral Load if receiving Outpatient Services through Ryan White in the past six months