2012 HIV Services Program Application Check List

1. **Comprehensive HIV Services Form**
   - ☐ Demographic information
   - ☐ Emergency contact
   - ☐ Photo Copy of all insurance cards including prescription insurance card, if applicable – Photocopy signed and dated by client
   - ☐ Income information
   - ☐ Housing information
   - ☐ List of all persons residing in the same home with the client
   - ☐ Certification, Authorization and Consent for participation, client needs to review and initial all statements
   - ☐ Signature of applicant or legal representative and date (page 24)
   - ☐ Signature of case manager and date (page 24)
2. **Proof of Wyoming citizenship (driver's license, state ID card, etc.)**
   - ☐ Photo copy required (driver's license, state ID card, etc.)
     Any picture ID is acceptable for Part C services only
3. **Veterans Eligibility Verification form**
   - ☐ Completed signed and dated, if applicable
     A VA benefits determination letter is required for anyone who has previously served
4. **Provider's Medical Certification form, completed and signed by provider**
   - ☐ Proof of HIV diagnosis signed by treating physician, if not present in current client file - laboratory results do not fulfill this requirement
5. **Income Verification form – only when there is no verifiable income**
   - ☐ Completed and signed by client or responsible party
   - ☐ Client is required to provide a signed letter of explanation if they are reporting zero income. In the letter they need to explain how they are able to survive without any income.
6. **Provide income verification for ALL household members-acceptable forms of verification are listed below (only one of the following is required)**
   - ☐ Photo copy of the last 3 consecutive paychecks
   - ☐ Photo copy of past year's W2 or tax form
   - ☐ Photo copy of Social Security benefits allocation letter
   - ☐ Photo copy of bank statement showing monthly income - must have 3 months
   - ☐ Photo copy of income verification documents for other household members
7. **Rights and Responsibilities form**
   - ☐ Signed and dated by client
   - ☐ Signed by case manager
   - ☐ Give white copy to client, case manager will keep yellow copy and send pink copy in with application to WY Department of Health
8. **Grievance Procedures form**
   - ☐ Signed and dated by client
   - ☐ Signed by case manager
   - ☐ Give white copy to client, case manager will keeps yellow copy for client file and send the pink copy in with application to WY Department of Health
9. **Release of Information form**
   - ☐ Signed and dated by client