

2015 HIV Services Program Application Check List

1. Comprehensive HIV Services Form

- Demographic information
- Emergency contact
- Photo Copy of front and back of all insurance cards including prescription insurance card - must be current
- Tax 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)

- Legible 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 (only if client answered "yes" on page 1 of application)

- Completed, signed and dated-All clients must sign stating the information on the form is true and correct
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

5. Income Documentation

- No Income – Income Verification Form completed and signed by client or responsible party.
Client is required to provide a signed letter of explanation if they are reporting zero income. The letter must explain how they are able to survive without any income.
- Any Income – Household Income Statement completed. Client is required to provide supporting documentation for all income listed in the grey boxes on the form for all household members.

6. Rights and Responsibilities form

- Signed and dated by client
- Signed by case manager

7. Grievance Procedures form

- Signed and dated by client
- Signed by case manager

8. Termination Policy

- Signed and dated by client (All clients must sign, initial and date on both sides of the document)