



AIDS Drug Assistance Program File Folder Requirements Checklist



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Enrollment Documents:

- A complete AIDS Drug Assistance Program (ADAP) Enrollment Application
- A complete and signed ADAP Consent Form
- A copy of a signed [Comprehensive Health Care Coverage](#) Form *(If applicable)*
- Temporary Access Period (TAP) Request Form *(If applicable)*

Supporting Documents for ADAP's Medication Assistance Program:

- A copy of a photo identification card with date of birth listed
- Proof of residential address in the applicant's name
- Proof of diagnosis *(Upon initial enrollment)*
- Proof of viral load
- Proof of CD4 count
- Proof of household size and household income
- A copy of a Medicare Part D health plan card, if enrolled in Medicare Part D.

Supporting Documents for ADAP's Insurance Assistance Program Health Insurance Premium Payment (HIPP) program

- A copy of the most recent health insurance billing statement for medical, dental, and vision
- Proof of maximum eligible Advanced Premium Tax Credit (APTC) offered by Covered CA and amount taken *(If applicable)*
- Dependent supporting documents (e.g. marriage certificate, registered domestic partnership, birth certificate) for each member in the family health insurance plan *(If applicable)*
- Partial Payment Agreement Form if total premium combined exceeds \$1,938.00 per a month *(If applicable)*
- [OA-HIPP Client's Responsibilities](#) Form *(If applicable)*

Medicare Part D Premium Payment Program

- A copy of a Medicare Part D health plan card
- A copy of a Medicare Part D health insurance billing statement *(Optional)*

Optional Supporting Documents:

- A copy of a Medi-Cal Benefits Identification Card
- Medi-Cal Notice of Action/denial letter
- A copy of the submitted Medi-Cal application
- A copy of a Medicare card listing the Health Insurance Claim (HIC) number
- A copy of a letter from the Low Income Subsidy (LIS) program
- A copy of a private health insurance card.

Miscellaneous

- A copy of an [ADAP Special Power of Attorney](#) (POA) or other POA that have been approved by CDPH/OA/ADAP *(If applicable)*
- A copy of a [Revocation of Special POA](#) *(If applicable)*