



## AIDS Drug Assistance Program (ADAP) Temporary Access Period (TAP) Request Form

### INSTRUCTIONS

This form is used to request a Temporary Access Period (TAP) for new ADAP applicants or re-enrolling ADAP clients who are unable to provide documentation to substantiate ADAP eligibility. An approved TAP grants the applicant 30-days of temporary ADAP eligibility to obtain and submit required documentation to a certified ADAP enrollment worker. **A TAP cannot be placed for an applicant who does not provide any proof of HIV diagnosis unless the applicant provides proof of a positive rapid HIV test result and they are awaiting a confirmatory HIV result.** All sections of this form must be completed, and the completed form must be attached to the applicant's electronic application within the ADAP Enrollment System (AES).

### APPLICANT INFORMATION – All fields are required unless otherwise noted.

Full Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Client ID Number (optional) \_\_\_\_\_

### DOCUMENTATION

Select all that apply:

- Proof of Identification—I will provide my ADAP enrollment worker with acceptable proof of identification.
- Proof of California Residency—I will provide my ADAP enrollment worker with proof that I am a California resident.
- Proof of Diagnosis—I provided a positive rapid HIV test result and will provide confirmatory proof of diagnosis.
- Proof of Income—I will provide my ADAP enrollment worker with proof of my household income.
- Proof the applicant applied for Medi-Cal and/or proof of Medi-Cal determination—I will apply for Medi-Cal, or I have applied for Medi-Cal, but my determination is pending. I will provide my ADAP enrollment worker with proof that I applied to Medi-Cal and/or documentation showing my Medi-Cal eligibility determination.

### CERTIFICATION

**Applicants complete this section:**

By signing below, I hereby certify that the above information is factual, accurate, and complete. I understand that I have a 30-day Temporary Access Period in which to obtain and submit the necessary documentation indicated above to substantiate that I qualify for ADAP, and that my ADAP eligibility will not extend beyond 30 days if I fail to obtain and submit the required eligibility documentation before the Temporary Access Period expires. I also understand that ADAP may request that I provide additional documentation if the documentation I submit appears to be inconsistent, inaccurate, or insufficient. I agree to promptly notify ADAP of any changes to my eligibility information, including changes to my residency, income, and/or health coverage. I understand that failure to provide accurate information or deliberately omitting information may result in suspension or termination of ADAP services and I may be held financially liable for any services obtained.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADAP-Approved Designated Agent (if applicable) \_\_\_\_\_  
(Print Full Name) (Signature)

**CERTIFICATION CONTINUED**

**Enrollment Worker complete this section if enrolling a client over the phone:**

By signing below, I hereby certify that I screened the client for eligibility over the phone and am placing the client on a TAP.

Enrollment Worker's Name \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment Worker's ID: \_\_\_\_\_ Enrollment Worker's Signature: \_\_\_\_\_