AIDS Drug Assistance Program (ADAP)

File Folder Requirements Checklist

Required Enrollment Documents:
- □ Completed ADAP Enrollment Application
- □ Completed and signed ADAP Consent Form
- □ Signed Client Attestation form, if applicable
- □ Completed and signed ADAP Temporary Access Period (TAP) Request Form, if applicable
- □ Signed Comprehensive Health Care Coverage form, if applicable
- □ Copy of photo ID or other acceptable ID documentation with date of birth listed
- □ Proof of CA 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 current household income

Required Documents for Health Insurance Premium Payment (HIPP) Program:
- □ Copy of the most recent medical/dental/vision insurance billing statement(s)
- □ For Covered CA plans: Covered CA documentation showing how much Advanced Premium Tax Credit (APTC) client qualifies for, and how much APTC client elected to take
- □ For family plans: documentation substantiating relationship between applicant and other person(s) listed on the policy (e.g. marriage certificate, Certificate of Registration of Domestic Partnership, birth certificate, current joint tax return listing spouse and/or dependents, as applicable)
- □ For combined monthly premiums over HIPP program cap of $1938: completed and signed Partial Payment Agreement form
- □ Signed OA-HIPP Client Responsibilities form, if applicable

Miscellaneous Required and/or Optional Documents:
- □ Copy of Medi-Cal Benefits Identification Card (BIC)
- □ Copy of Medi-Cal Notice of Action
- □ Copy of Medi-Cal approval/denial letter
- □ Copy of completed Medi-Cal application
- □ Copy of Medicare ID card with Health Insurance Claim (HIC) number
- □ Copy of Medicare Part C or D Rx plan ID card
- □ Copy of letter from the Low Income Subsidy (LIS) program
- □ Copy of private health insurance ID card
- □ Proof of excess assets (for Standard Medi-Cal screening)
- □ Copy of a signed ADAP Special Power of Attorney (POA) or other POA that has been approved by CDPH/OA/ADAP, if applicable
- □ Copy of Revocation of Special POA, if applicable