



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