



AIDS Drug Assistance Program Acceptable Supporting Documentation Checklist

One item from each section is required unless otherwise indicated. Additional documents may be needed to determine eligibility.

I. Proof of Identity*

- Proof of identity and that client is 18 years old or older:
 - Driver's License
 - State or local ID card
(e.g., DMV issued ID, Municipal ID, student ID, or an ID from the Department of Corrections (CAL-ID))
 - U.S. Passport
 - Permanent Residence Card
 - Employment authorization card
 - Military ID card
 - Photo ID issued by a foreign government`
(e.g., voter registration card, passport, or consulate ID card)
 - Birth certificate (only if client does not have one of the ID's listed above)
 - [Provider Verification of Identity form](#)

*Note: Expired cards may be used if no other form of picture ID is available

II. Proof of California Residency*

- These documents must be dated within thirty days, be in the client's name, and include the client's residential address:
 - California rent or mortgage receipt
 - Current utility bill with the service address listed in California (a cell phone bill is not acceptable)
 - Employment paycheck stub
- These documents must be dated within one year, be in the client's name, and include the client's residential address:
 - Rental/lease agreement or annual lease renewal documentation
 - Voter registration card
 - Vehicle registration (not expired)
 - W-2 or 1099 (prior tax year documents will be accepted until February 15. After February 15, only current tax year documents will be accepted.)
 - Social Security/Disability Award Letter (SSI, SSDI)
 - California Employment Development Department (EDD) award letter
 - Filed State or Federal tax return
 - Public housing letter on official letterhead from Housing and Urban Development (HUD) or a county agency
 - Notice of Action from the Department of Health Care Services

*Note: Clients who do not have the above residency documentation may prove residency by completing and submitting the [Residency Verification Affidavit](#) form. A letter from the client's AIDS Drug Assistance Program (ADAP) enrollment worker, on agency letterhead and containing the same information as found on the Residency Verification Affidavit form, is also acceptable.

III. HIV Labs*

- New ADAP applicants at initial enrollment must provide proof of positive HIV status described below. Proof of positive HIV status must be provided. If no proof is provided, do not enroll.***
 - Proof of positive HIV status (provide one of the following):
 - HIV positive lab results (antibody test, qualitative HIV detection test, or detectable viral load)
 - Letter of diagnosis from a physician or licensed health care provider on letterhead with the National Provider Identifier (NPI) number and the physician's or licensed health care provider's signature verifying the client's HIV status
 - ADAP [Diagnosis Form](#) completed by the applicant's physician or licensed health care provider
 - **Legible** prescription for an antiretroviral drug listed on the ADAP formulary (excluding Truvada and Descovy), which includes the following:
 - Client's first and last name
 - Name of antiretroviral drug
 - Dated within the last 30 days

*Note: Applicants can provide a positive rapid HIV test result in order to be granted a 30 day Temporary Access Period (TAP), pending a confirmatory HIV positive lab result. Once the confirmatory HIV positive lab result is provided, the 30-day TAP can be removed.

IV. Proof of Income

- Income documentation for all household members is required.**
 - Household members include:
 - An applicant,
 - An applicant's spouse or registered domestic partner (RDP), and
 - Any tax dependents of the applicant, spouse or RDP.
 - Preferred income documents for establishing Modified Adjusted Gross Income (MAGI) include:
 - federal tax returns (current and previous year only) and
 - state tax returns (current and previous year only).

In addition to state and federal tax returns, IRS Form 2555 *Foreign Earned Income* must be submitted if applicable. If a federal or state tax return is not available to establish MAGI, then applicants may submit gross income documentation for all household members.

- MAGI documents:
 - **Filed Federal or State tax return with W-2, 1099 or Schedule C (ADAP will not accept a tax return without a W- 2, 1099 or Schedule C** unless the return is signed or accompanied by proof of electronic submission)
 - Form SSA-1099 Social Security Benefit Statement may be accepted without additional accompanying documents for clients with Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).
- Gross income documents:
 - Pay stubs documenting three current consecutive months of income—
 - Three consecutive months of current paystubs, or
 - One paystub showing Year-To-Date (YTD) earnings that includes at least three months of income, and the employment start date
 - Private disability award letter (dated within one year)

- Supplemental Security Income (SSI) award letter (dated within one year)
- Social Security Disability Income (SSDI) award letter (dated within one year)
- Bank statement showing direct deposit of Unemployment Insurance, SSI/SSDI benefits. Statement must be dated within one month and clearly identify the deposit/income source (e.g., US Treasury, SSA)
- State Disability Insurance (SDI) award letter (dated within one year)
- Social Security Retirement Benefit award letter (dated within one year)
- Retirement/Pension award letter (dated within one year)
- Unemployment Insurance (UI) award letter (dated within one year)
- Spousal support court documentation
- Worker's Compensation award letter (dated within one year)
- Investment income documentation (e.g., statement or portfolio summary dated within one month)
- Veteran's Administration Benefits (VA) award letter (dated within one year)
- Rental income documentation (e.g., a signed rental agreement dated within the last year or three current bank statements showing rental income deposits)
- Employer statement (must be on company letterhead, signed by the employer and dated within 45 days of ADAP application, and include, name of employer or company, name and title of person writing the letter, employer or company address and phone number, date of the letter, start date and if applicable, the end date of the employee's employment or pay and the two following statement: "I certify that [first and last name of person employed or receiving income: is/was an employee of [name of company]. [employee's name]'s gross income for this pay period is/was \$_____ and frequency of pay is [weekly, every two weeks, twice a month, or monthly]. This letter does not guarantee employment or wages." and "The information provided above is true and correct to the best of my knowledge.")
- Self-employment Profit and Loss Statement or Ledger documentation (the most recent quarterly or year-to-date profit and loss statement, or a self-employed ledger.) (Form must include the client's first and last name, company name, dates covered and the net income form profit/loss.)
- ADAP [Self-Employment Affidavit](#) form
- ADAP [Income Verification Affidavit](#) form

V. Proof of Medi-Cal Ineligibility*

- Proof of MAGI Medi-Cal ineligibility (provide one of the following):
 - Income documentation showing household income at or above 138% of the Federal Poverty Level
 - ID documentation showing client is aged 65 or older
- Proof of Non-MAGI Medi-Cal ineligibility (provide one of the following):
 - Denial letter for non-MAGI Medi-Cal, SSI or SSDI (dated within one year)
 - Proof of employment (dated within thirty days)
 - Unemployment Insurance award letter (dated within one year)
 - Proof of assets in excess of Medi-Cal limits, such as:
 - Vehicle registration for two or more vehicles, or
 - Grant Deed or property tax statement for real estate property owned in addition to the client's principal residence, or
 - Current statement from a financial institution showing balance exceeding limits outlined below:

Number of Persons	Property Limit
1	\$2,000
2	\$3,000
3	\$3,150
4	\$3,300
5	\$3,450

Number of Persons	Property Limit
6	\$3,600
7	\$3,750
8	\$3,900
9	\$4,050
10 or more	\$4,200

*Note: not applicable to clients who are 'Unlawfully present' and over the age of 25 or currently enrolled in Medi-Cal or Medicare

VI. Additional Forms (provide all that apply)

- [Comprehensive Health Care Coverage](#) form (required if client does not have health insurance)
- [ADAP Consent Form](#) (required at initial enrollment and annual re-enrollment)
 - Must be most current copy of the form with all fields filled out
- [ADAP Client Attestation](#) form (required at initial enrollment, annual re-enrollment, and any time an eligibility change or enrollment update is made using the electronic ADAP Enrollment System)
 - Must be most current copy of the form with all fields filled out

VII. Office of AIDS Health Insurance Premium Payment (OA-HIPP) (if applicable)

- Current health insurance billing statement(s) (for medical, dental, and/or vision-combination plans, as applicable)
- For plans purchased through Covered California: Covered California Welcome Letter or Current Enrollment summary showing the health plan, premium amount, and how much Advanced Premium Tax Credit (APTC) the client qualifies for
- For family plans: Documentation to substantiate the relationship between the client and all members on the insurance policy, such as:
 - Marriage certificate
 - Proof of registered domestic partnership
 - Birth certificate
 - Adoption documentation
 - Most recent tax return identifying dependents on family plan
- [Partial Payment Agreement](#) (only required if monthly premium is over \$1,938.00)
- [Client Attestation](#) form
- [OA-HIPP Client Responsibilities](#) form

VIII. Spousal/Dependent Medical Out-of-Pocket Benefit (MOOP) (if applicable)

To qualify for the Spousal/Dependent MOOP Benefit, the spouse, registered domestic partner and/or dependents must be active ADAP clients and named as a family member on the health plan of a client enrolled in the OA-HIPP program. Submit all of the following:

- [Acknowledgement of Policies and Responsibilities](#)
- [Family Plan Consent Form](#)
- Proof of family health coverage (must indicate that the spouse, registered domestic partner and/or dependents are covered under the family plan)

IX. Medicare Part D Premium Payment (MDPP) Program (if applicable)

- [Client Attestation](#) form
- [Fax coversheet](#) (if faxing)
- Most recent Medigap billing statement (if requesting Medigap premium assistance)

**X. Employer Based Health Insurance Premium Payment (EB-HIPP) program
(if applicable)**

- [Client Attestation](#) form
- Participation Agreement Form (completed by the client and the client's employer)
- A full month's worth of paystubs, confirming premium amount (must be within the last 3 months).
If a new premium is not reflected yet on the paystubs, then a benefit enrollment form or benefit summary letter can be submitted in addition to confirm the premium amount