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OFFICE OF AIDS

CARE/HIPP Unit

NUMBERED LETTER 2009-01

DATE: January 23, 2009

TO: AIDS SERVICES ORGANIZATIONS PROVIDING COMPREHENSIVE
AIDS RESOURCES EMERGENCY/HEALTH INSURANCE PREMIUM
PAYMENT (CARE/HIPP) SERVICES

SUBJECT: REVISED AND NEW FORMS

The purpose of Numbered Letter (NL) 2009-01 is to send a small supply of hard copies and via CD-Rom, revised and new CARE/HIPP forms. The forms below were revised to include new privacy language, ensure consistency with all elements of the current program eligibility criteria, and ease of use for benefits counselors (BCs). Effective with this NL, BCs are to use the revised forms to enroll new clients and recertify clients at the fourth and/or eighth recertification for Ryan White CARE/HIPP. Copies of the old application, recertification, and client disclosure forms should not be used.

- **Initial Application (CDPH 8522 – 12/08)**
- **Quarterly Recertification (CDPH 8571 – 12/08)**
- **Client Disclosure (CDPH 8541 – 12/08)**

NEW PHYSICIAN'S STATEMENT

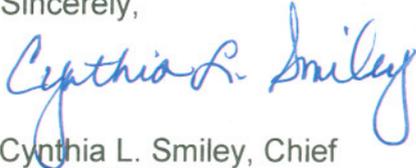
Also effective with this NL, is the new Physician's Statement (CDPH 8704). The Physician's Statement was developed to ensure that standardized disability information is provided by physicians and health care providers. The objective of CARE/HIPP is to ensure access to the program to individuals who are disabled because of HIV/AIDS and unable to work full time. Form CDPH 8704 will assist with determining if clients meet the eligibility requirements and policies. The form should

be provided to all existing CARE/HIPP clients prior to recertifying them on the program. New CARE/HIPP clients should receive the form prior to enrollment so that they can take it to their physician/health care provider for completion. Form CDPH 8704 is not intended to replace other disability or eligibility documentation, and must be submitted with other eligibility documents.

The Physician's Statement and revised CARE/HIPP forms are available for downloading at the Office of AIDS Web site at <http://www.cdph.ca.gov/pubsforms/forms/Pages/AIDS.aspx>.

We are confident that through the combined efforts of BCs and CARE/HIPP staff that we will continue to serve our eligible clients and ensure that they have access to the program. If you have any questions, please contact Ms. Bunny Furlo, of my staff, at (916) 449-5953.

Sincerely,



Cynthia L. Smiley, Chief
CARE/HIPP Unit
Office of AIDS

Enclosure

cc: Ms. Bunny Furlo
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