



Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) Immediate Access CLIENT ATTESTATION

Instructions

This form must be completed by the applicant when submitting a PrEP-AP Immediate Access application using the electronic AIDS Drug Assistance Program (ADAP) Enrollment System (AES). I also understand that PrEP-AP is permitted to request additional verification documentation if the submitted documentation appears to be inconsistent or incorrect. PrEP-AP clients who knowingly provide inaccurate or false documentation may be in violation of various Penal Code laws and the California False Claims Act.

Certification (Required)

By signing below, I hereby certify that the information provided in the ADAP Enrollment System on _____ (enter date), and within this Attestation is factual, accurate, and complete. I understand that failure to provide accurate information or deliberately omitting information may result in suspension or termination of services.

Applicant Information (Required)

(Applicant's Printed Name)

(Applicant's Signature)

(Date Signed)

PrEP-AP-Approved Designated Agent Information (if applicable)

(Designated Agent's Printed Name)

(Designated Agent's Signature)

(Date Signed)