**Ryan White Client Eligibility Verification 30-Day Extension Request**

**NOTE: Per Policy Clarification Notice (PCN) #0.3-0.1, this form may be used to request one 30-day extension for these eligibility categories: Identity (only at Intake), Residency, Insurance/Medical Coverage, and Household Income. No extension allowed for HIV+ diagnosis documentation.**

**This 30-day extension request option applies to all clients at initial eligibility screening, at 6-month recertification, and at once a year/12-month recertification.**

**Submit Extension Request to assigned contract manager at least 5 business days before end of 30-day eligibility verification period.**

**On Subject line enter*****Agency Name (abbreviated) 30-Day Eligibility Extension Request*****and mark email *High Importance*.**

**FORM MUST BE COMPLETE IN ORDER FOR THE EXTENSION REQUEST TO BE CONSIDERED**

**Agency Name:**

**Date of Request:**

**Agency Extension Request Contact Name:**

**Agency Contact Phone Number:**

**Agency Contact Email Address:**

**Client ARIES ID Number:**

 **Intake**  **6-Month** **Recertification**  **Once a Year/12-Month Recertification**

**Intake Date or Recertification Due Date:**

**Eligibility documentation for this client has not been completed for the following eligibility categories (check all that apply):**

 Identity

 Residency

 Insurance/Medical Coverage

 Household Income

**Pre-Request Checklist:**

|  |  |
| --- | --- |
|  Yes  No | Client has been informed of eligibility documentation required by the Ryan White Grant. |
|  Yes  No | Client has received information on types of acceptable documentation for each eligibility category (Identity, Residency, Insurance/Medical Coverage, and Household Income). |
|  Yes  No | Client has been informed that all required documentation must be received in order to continue receiving Ryan White Grant funded services. |

**In the box below, provide a complete and detailed justification for delay in completing required eligibility documentation.**

|  |
| --- |
| **Justification for Inability to Complete Eligibility Documentation** |
|  |

**------------------------------------------------------------------------------------------------------------------------------**

**FOR HHSD/HRAU USE ONLY**

**NOTE: Approved/Not Approved decision must be sent to the requestor within 5 business days of receipt of emailed request for 30-day extension for client eligibility verification.**

**Request reviewed by HRAU Contract Manager (name):**

* **Approved**
* **Not Approved (see Comments)**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

**Phone Number:**

**Email Address:**

**Comments (required if not approved):**