The Ryan White Program is administered by Health Resources and Services Administration (HRSA), which requires all service providers who receive Ryan White funding to screen clients and collect supporting documentation to certify their eligibility for services based on (1) an HIV positive diagnosis, (2) proof of identify, (3) proof of residence in service area, and (4) proof of income. The HRSA/HIV AIDS Universal Monitoring Standards further require that **eligibility be verified every 6 months**.

The Ryan White Eligibility form is to be completed upon client’s initial certification and annual recertification. Six months from client’s initial certification and annual recertification, the DSHS Six Month Self Attestation of Eligibility Changes form must be completed and a copy retained in the client’s file.

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| **Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Client ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Eligibility Complete Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Eligibility Expire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Eligibility**  **Category** | **Supporting Documents** *(all copies must be retained in client’s file)* | |
| **HIV + Diagnosis**  *(Required only once upon initial certification)* | Lab test *(detectable viral load [a < result will not be accepted as detectable], Western Blot, etc.)* sent from lab or physician  Documentation submitted from the healthcare provider who is providing medical care  Previously obtained and in client’s file | |
| **Verification of Identity**  (*Required only once upon initial certification)* | **Documentation provided must be unexpired and include client’s full legal name.**   |  |  | | --- | --- | | Texas Driver’s/Temporary License  Texas State ID card  Military or Student ID  Department of Corrections ID  Government-issued ID from country other than the U.S. | Metro ID Card with photo  Birth Certificate  U.S. Immigration document  Social Security card  Citizenship/Naturalization  Student Visa card  Passport |   For undocumented, homeless, and/or recently-released clients: Letter on letterhead from CM, SW, counselor or other professional from agency who personally provided services to the client. | |
| **Verification of Residency**  *(Required every 6 months for eligibility)* | **Documentation must include client's full legal name and match address listed for eligibility.**   |  |  | | --- | --- | | Unexpired Texas Driver License or State ID  Department of Corrections ID  Current Voter’s Registration card  Rent or utility receipts for one month prior to application *(PO Boxes not accepted)*  Current property tax statement  Current lease, rental or mortgage agreement  IRS tax transcript, verification of non-filing, W-2 or 1099 | Motor Vehicle Registration  Pay stub  Military/Veteran’s Affair card/letter  Current school records  Court Correction Proof of Identity  Medical cards or other similar benefit cards, or recent statement/invoice from health insurance company  USPS office records verifying current address or address change confirmation | | Public assistance/benefits document *(such as SNAP, Social Security, Medicaid/Medicare)* | |   For undocumented, homeless, and/or recently-released clients: Letter on letterhead from CM, SW, counselor or other professional from another agency who personally provided services to the client or a DSHS Supporter Statement.  As a last resort, and with prior-approval from Administrative Agency, current auto insurance, credit card, bank/brokerage statement or statement/letter from Homeowner’s Association may be used.  If none of the listed items are available, residence may be verified through observation of personal effects and living arrangement *(e.g., visit to residence)*, or statement from landlords, neighbors, or other reliable sources.  **Note:** Individuals do not lose their Texas residency status because of a temporary absence from the state. Example: a migrant or seasonal worker may leave the state during certain periods of the year but maintain a home in Texas, and return to that home after the temporary absence. | |
| **Verification of Household Income**  *(Required every 6 months for eligibility)* | Utilize the DSHS MAGI Income Eligibility Documents and follow instructions located at: <https://www.dshs.state.tx.us/hivstd/magi.shtm> | |
| **Verification of Insurance Coverage**  *(Required every 6 months for eligibility)* | |  | | --- | | Medicaid  Veteran’s Health Benefits (VA) | | Insurance Card, name of insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medicare (Part A \_\_\_\_\_ Part B \_\_\_\_\_ Part C \_\_\_\_\_\_ Part D \_\_\_\_\_)  Client has no insurance coverage to report | | |

**Comments:**

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I verify that all statements regarding my eligibility are true. I understand that if I give false, misleading or incomplete information, my eligibility for Ryan White-funded services may be denied and I may have to pay for services I received if I was not eligible for them.

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| **Client (or Legal Guardian) Signature** |  | **Date Signed** |