

**Client Eligibility Documentation Checklist  
for Miami-Dade County Ryan White Program Services**

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**NOTE: This Checklist must accompany the Out of Network Referral (OON) form or the “General Revenue (GR) Short-Term Medication\* Assistance through the JMH Specialty Pharmacy” form. When using this Checklist for these referral purposes, please place a check mark next to the corresponding item in the lists below and attach the required documentation to the appropriate referral transmittal form.**

*(\*Note that the “GR Short-Term Medication Assistance” provides emergency access to antiretroviral (ARV), opportunistic infection (OI), or other medications as listed on the most current General Revenue Prescription Drug Formulary only.)*

Acceptable client eligibility documentation includes, but is not limited to, one or more item from each of the following three (3) categories as needed to properly determine said eligibility along with the required lab documentation, where applicable:

- 1) **MEDICAL ELIGIBILITY:** *(HIV+ status)*
  - 4th generation HIV test result (with supplemental confirmatory tests)
  - Multispot® HIV-1/HIV-2 Rapid Test result (with supplemental confirmatory tests)
  - HIV Western Blot
  - ELISA with Western Blot
  - Detectable viral load or culture result
  - Positive HIV viral culture or test result
  - PAC Waiver Level of Care Determination (Form 603) – *[Note: General Revenue (GR) does not accept Form 603 as proof of HIV; services provided by GR funding require an alternative proof of HIV as indicated in the list directly above.]*
  
- 2) **FINANCIAL ELIGIBILITY:** *[Gross household income not to exceed 400% of the Federal Poverty Level (FPL) for Core Medical Services; FPL may vary for Support Services. See below for details.]\*\**
  - Paycheck stubs for the most current two (2) pay periods
  - SSI, SSDI, SSA, TANF checks or benefit/award letters
  - HOPWA/Section 8 Rental Assistance Statement
  - Veterans Administration (VA) benefits statement/award letter
  - Other Letters of Notification of Benefits [e.g., Private Disability, Retirement/Pension, Workers Compensation Statement, Medicaid, Medicare, Low Income Subsidy, Women, Infants and Children (WIC) program, etc.]
  - Other public assistance checks
  - Current Internal Revenue (IRS) W-2, Wage and Tax Statement form
  - Current & signed Individual or Business Tax Return forms
  - Third Party Query Procedure (TPQY) screenings for verifying SSA/SSI benefit information
  - A zero income letter from a shelter or residential treatment facility located in Miami-Dade County
  - Income from rental property
  - Child support or court order check
  - Notarized Head of Household (HOH) letter detailing client’s relationship to the HOH and the level of financial assistance provided to the client
  - Statement of No Income and Local Residence Form (for clients up to 25 years of age, where applicable)

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- 3) **RESIDENCY ELIGIBILITY:** *(permanent residency in Miami-Dade County residency/physical living address)*
- Current and valid government-issued ID card (e.g., State of Florida Identification Card or Driver's License in the name of the client with a Miami-Dade County address)
  - Rental lease agreement (in client's name)
  - Mortgage or rent receipts (in client's name)
  - Utility bills with a Miami-Dade County address (in client's name)
  - Declaration of Domicile letter (Form 578) as issued by the Miami-Dade County Courthouse
  - Department of Corrections Certification
  - Self-declaration of homelessness
  - A zero income letter from a shelter or residential treatment facility located in Miami-Dade County
  - Notarized Head of Household (HOH) letter **ONLY** if the client physically resides at same address of person completing HOH letter
  - Screen print from a property search of the Miami-Dade County Tax Collector website (<https://www.miamidade.county-taxes.com/public>) IF the residence is listed in the client's name and it is the client's PRIMARY residence
  - Statement of No Income and Local Residence Form (for clients up to 25 years of age, where applicable)
  - Any government (local, state or federal) issued letter of award that is not older than 12 months from the date of issue and that includes the client's full name and a current address in Miami-Dade County that agrees with the current address in the client file

**4) ADDITIONAL REQUIREMENT FOR OUT OF NETWORK (OON) REFERRALS ONLY –**

- Viral Load Lab Results** *(CURRENT - less than 6 months old).*

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**CORE MEDICAL SERVICES:** Health Insurance Services, Medical Case Management, Mental Health Counseling/Therapy, Oral Health Care, Outpatient Medical Care, Prescription Drugs, Nutritional Counseling, and Outpatient Substance Abuse Counseling/Treatment

**SUPPORT SERVICES:** Food Bank, Legal Assistance, Outreach Services, Residential Substance Abuse Treatment, and Transportation Vouchers

**\*\*FEDERAL POVERTY LEVEL (FPL) CAPS:** The financial requirements (% of FPL) vary depending on the support service for which a client is referred. For income eligibility related to a particular support service, please call the agency to which the referral will be made, or review the local Ryan White Program Service Delivery Guidelines (SDG). The most current version of the local SDG is available at: <http://www.miamidade.gov/grants/ryan-white-program.asp#Delivery>.