



Required Eligibility Documents

The documents below will help us find out which medical programs you are eligible for. Please bring one (1) item from each box below, original documents preferred. **Additional documents may be required; your eligibility worker will let you know at the time of your appointment.** Please arrive 15 minutes before your appointment time. If you need to reschedule your appointment, please call (714) 834-8456 at least 24 hours before your appointment.

It is important that you come to your eligibility appointment. **Do not cancel or no-show if you have difficulty with providing any of the documents listed below. Contact your case manager or eligibility worker for assistance.**

PROOF OF IDENTITY	PROOF OF INCOME
<p>Preferred Documentation:</p> <ul style="list-style-type: none"> • State Issued Driver’s License or ID Card • Permanent Residency Card • U.S. Passport/Passport Card • Certificate of Naturalization (N-550/N-570) • Birth Certificate • Foreign Country ID Card • U.S. Military ID • Matricula Consular ID <p>Acceptable Documentation:</p> <ul style="list-style-type: none"> • School ID (w/picture) • Work Permit (w/picture) • OCTA Disabled Reduced Fare ID (not acceptable for ADAP) 	<p>Preferred Documentation:</p> <ul style="list-style-type: none"> • Tax Return and W2 (current year) • Self Employed: Tax Return, Schedule C and 1099, if applicable (current year) <p>Acceptable Documentation:</p> <ul style="list-style-type: none"> • Award letter of: <ul style="list-style-type: none"> ○ Disability Benefits ○ Unemployment Benefits ○ Worker’s Compensation • Bank statements with direct deposits from SSI, SSDI, SSA, or VA must be in client’s name (3 months, most recent statement) • Pay stubs (most recent 3 paystubs in a row or 1 paystub with year-to-date that includes a start date) • Pension Statement (most recent) • Social Security Statement (most recent) • Veterans Affairs (VA) Benefits Statement (most recent)
PROOF OF INSURANCE STATUS (Bring any item that may apply)	PROOF OF ORANGE COUNTY RESIDENCY (Documents must include client’s name and address)
<ul style="list-style-type: none"> • Documentation of Current Health Insurance Coverage • Health Insurance Card • Letter of Termination from Private Health Insurance • Medi-Cal Benefits Card • Medi-Cal Denial Letter • Medicare Card • COBRA Letter • Health Insurance Billing Statement (OA-HIPP only) • Covered California Welcome Letter (OA-HIPP only) • Explanation of Benefits (EOB) from health insurance (OA-HIPP only) 	<p>Preferred Documentation:</p> <ul style="list-style-type: none"> • Mortgage Statement • Prison Release Papers • Rent/Mortgage Receipt (most recent) • Rental/Lease Agreement (current) • Vehicle Registration (current) <p>Acceptable Documentation:</p> <ul style="list-style-type: none"> • Telephone Bill - (dated within 30 days) no cell phone bills • Utility Bill (dated within 30 days) • Employment paycheck stub (dated within 30 days) • Social Security/Disability Award Letter (dated within 12 months) • Letter from Government Agency (most recent for Ryan White eligibility only) • W-2/1099 • Signed/filed tax return
PROOF OF HIV (Only required once)	
<ul style="list-style-type: none"> • HIV Confirmatory Test (Multispot or HIV 1/2 Antibody Differentiation Assay, Western Blot, EIA, HIV-1 RNA NAAT or IFA) 	
PROOF OF DISABILITY (If applicable)	NOTES
<ul style="list-style-type: none"> • VOD • SSA Benefits Verification Letter • SSI payment letter dated within 60 days and with disability statement • Workers Compensation Award Letter • Bank Statement with SSDI Direct Deposit 	



Overview of Program and Eligibility Requirements

PROGRAM	PROGRAM REQUIREMENTS	ELIGIBILITY REQUIREMENTS	ELIGIBILITY VERIFICATION FREQUENCY*
AIDS Drug Assistance Program (ADAP)	<ul style="list-style-type: none"> • HIV positive • Modified Adjusted Gross Income (MAGI) under 500% Federal Poverty Level (FPL) • California resident • 18 years or older • Not covered 100% by Medi-Cal or any other third party payer 	<ul style="list-style-type: none"> • Proof of Identification • Proof of California Residency • Proof of Diagnosis • Proof of Insurance Status • Proof of Income 	After initial enrollment, eligibility end date is based on client's birthday and half birthday (Twice a year)
Ryan White	<ul style="list-style-type: none"> • HIV positive • Orange County (OC) resident • Not covered by a third party payer 	<ul style="list-style-type: none"> • Proof of Identification • Proof of Diagnosis • Proof of OC Residency • Proof of Income • Proof of Insurance Status 	Every Six Months
Office of AIDS-Health Insurance Premium Payment (OA-HIPP)	<ul style="list-style-type: none"> • HIV positive • California resident • 18 years or older • MAGI under 500% FPL • Cannot be enrolled in Medicare or Full-Scope Medi-Cal • Cannot have employer-based coverage • Must be enrolled in ADAP 	<ul style="list-style-type: none"> • Apply for OA-HIPP Application • ADAP Consent Form • ADAP/PrEP- AP Client Attestation • Health Insurance Premium Billing Statement • Current Enrollment Summary (only for Covered CA clients) 	Every Six Months
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	<ul style="list-style-type: none"> • HIV Positive • California resident • 18 years or older • MAGI under 500% FPL • Must be enrolled in ADAP • Enrolled in employer-based insurance • Must be employed by the employer 	<ul style="list-style-type: none"> • Employer must agree to participate and agree to provide all required documentation • Participation Agreement Form • Current paystubs for one full month • Client cannot be on an eligibility exception (TAP, MEER, EER, Emergency Access) 	Every Six Months
Medicare Part D Premium Payment (MDPP) Program	<ul style="list-style-type: none"> • HIV positive • California resident • 18 years or older • Cannot be enrolled in Full-Scope Medi-Cal • Must be enrolled in ADAP 	<ul style="list-style-type: none"> • Have an active Medicare Part D plan with a Part D monthly premium of at least \$1 • Not deemed 100% Low Income Subsidy (LIS) or Extra Help via the federal gov't • Medigap premium billing, if applicable 	Every Six Months

Medi-Cal	<ul style="list-style-type: none"> • Over the age of 65 • Blind or disabled • Pregnant • In a nursing or intermediate care home • Under the age of 21 • A refugee living in the U.S. temporarily • Income \leq138% FPL • Legal California resident 	<ul style="list-style-type: none"> • Proof of Identification • Proof of California Residency • Proof of Income • Proof of Immigration Status • Proof of Assets (most current bank statement) 	Annually
Medi-Cal Expansion**	<ul style="list-style-type: none"> • Age 19 – 64 • Income \leq138% FPL • Not a Medicare Beneficiary • Legal California resident 	<ul style="list-style-type: none"> • Proof of Identification • Proof of California Residency • Proof of Income • Proof of Immigration Status 	Annually
Medi-Cal Youth Expansion	<ul style="list-style-type: none"> • Age 19-25 • Income \leq138% FPL • Not a Medicare Beneficiary • Immigration status does not matter 	<ul style="list-style-type: none"> • Proof of Identification • Proof of California Residency • Proof of Income 	Annually
Covered California	<ul style="list-style-type: none"> • Income $>$138% of MAGI • Lawfully present in California 	<ul style="list-style-type: none"> • Proof of Identification • Proof of California Residency • Proof of Income • Proof of Immigration Status 	Annually during open enrollment and/or after a qualifying event

* If a client has a change to any of the programs requirements, client must be re-screened for eligibility.

** There may be exceptions to these requirements.