

**AIDS INSURANCE CONTINUATION PROGRAM
--FINAL CHECKLIST FOR PROGRAM QUALIFICATION--**

The following checklist should be used by the community-based organization representative to monitor the applicant's file for completeness, ensuring that all required documentation is collected for enrollment determination.

CLIENT INFORMATION	
	Has completed and signed the Applicant Data Collection Form (copy sent to HCSF)
DIAGNOSIS	
	Has a diagnosis of AIDS or is HIV Positive (Asymptomatic or Symptomatic)
	Has submitted the completed <i>Physician's Statement of Diagnosis</i> (copy sent to HCSF)
PROOF OF INSURANCE AND PHARMACY BENEFITS	
	Has health insurance coverage under a group, individual, or COBRA policy.
	Has submitted a copy of both sides of insurance card or policy benefit statement. (copy sent to HCSF)
	Has submitted documentation of HIV/AIDS medication coverage. (copy sent to HCSF)
	Has submitted a copy of the premium payment coupon or letter.
PROOF OF HIV/AIDS PATIENT CARE PROGRAM ELIGIBILITY: (verification sent to HCSF)	
	Copy of HIV/AIDS Patient Care Program <i>Notice of Eligibility</i> sent to HCSF
OTHER	
	Has signed the Release of Information forms (copy sent to HCSF)
	Has completed and signed Assignment of Pro Rata Refund Form and Acknowledgment of Claim Against Estate Form (copy sent to HCSF)
	Has completed and signed Client Statement of Client Rights & Responsibilities (copy sent to HCSF)

APPLICANT'S NAME (please print): _____

This application is now being processed through _____
CBO Name

I have reviewed this applicant's entire application which includes all information and documentation needed for enrollment into the AIDS Insurance Continuation Program (AICP). I understand that when all of the above items are checked off, this applicant meets the criteria for participation in the AICP. I will contact the program manager for authorization to enroll this individual or have received prior authorization to do so.

CBO Representative's Name

Date