

ADAP Recertification Checklist

In order for the ADAP program to continue assisting you with medication costs, and/or insurance premium payments, federal rules require the following information be update every six months. If no changes have occurred, simply check the “No change in...” boxes. If a change has occurred, please provide the changes on an updated ADAP application (included with this form).

Please Note: Proof of income must be provided regardless of whether there has been a change or not.

Client Name: _____

Required:

- No change in address
- No change in phone number
- No change in insurance
- No change in lab results
- Updated ADAP application (required if changes have occurred)
- Current Lab (CD4 and Viral load) results
 - CD4 Count _____
 - Viral Load _____
- Proof of income
 - Type of proof provided (i.e. paystubs, Social Security award letter, Tax Return, etc.): _____
 - Amount of change (if any): \$ _____
- Other clarifying information as needed: _____

Client Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Please send this form, updated ADAP application (if applicable) and all supporting documents in the enclosed envelope back to _____