

Instructions: HIV Drug Assistance Program and Insurance Assistance Program Application/Recertification

Those on the HIV Drug Assistance Program (HDAP) and Insurance Assistance Program (IAP) must recertify every year to stay on the program. This happens in April of each year.

Filling out an application is voluntary and to be considered for HDAP and IAP, all information must be sent. An application will not get final approval until both parts are sent and approved.

Personally identifiable information on the form (F-44614A) will be used to consider a client's eligibility on the program and may be shared with Department of Health Services (DHS) staff, client's pharmacy, physician, case manager, insurance company, and employer if needed. This information is shared confidentially to a vendor for claims processing. The Communicable Diseases Harm Reduction Section (CDHR) will keep all information on the form confidential. Providing your Social Security number is optional and may be used by pharmacists and/or insurance companies to identify policies and records.

Application Instructions

This form asks for general, financial and insurance information, and must be completed and submitted to the CDHR Section.

Please fill out all information for each section. Send a complete form with proof of residency and income. Incomplete applications will be denied. If your application is denied due to being incomplete, you will need to send a new, complete application with required documentation.

Part A (F-44614A) must be filled out by the applicant; it requests general, financial and insurance information.

Part B (F-44614B) must be filled out and signed by the physician the first time a form is sent to HDAP. The Part B confirms that the applicant is living with HIV and is or will be on antiretrovirals in the next 90 days. Part B only needs to be sent once. It is located at: <https://www.dhs.wisconsin.gov/library/f-44614b.htm>

Section I. General Information

This section must be filled out completely. Please answer each question. ***Proof of Wisconsin residency is required.***

The gender field has updates. Cisgender (shortened to cis) is a term for people whose gender identity aligns with their sex assigned at birth. Gender non-conforming (GNC) broadly, "gender non-conforming" defines people who have a gender expression that does not conform to traditional gender norms.

Section II. Financial Information

This section applies to you, your parent(s) if you are a minor, and your spouse if you are married. This must be filled out for all parties and entered on the correct line. ***Proof of income is required. Individuals and families above 300% of the federal poverty level (FPL) are not eligible.*** A table of income limits is found at:

<https://www.dhs.wisconsin.gov/medicaid/fpl.htm>

- The following people listed ***count towards household size***:
Client; Client's spouse (unless legally separated); Client's children under age 18 that the client claims as dependents on their income taxes
- Income received by the following people ***counts towards household income***:
Client; Client's spouse (unless legally separated); Client's parent(s) or legal guardian(s) if client is age 18 or over and provides their own health insurance

For more household size and income situations, refer to Section 4 of the Wisconsin HDAP Policy Manual:

<https://www.dhs.wisconsin.gov/publications/p01771.pdf>

Section III. Coverage

HDAP must be the payer of last resort, which means other coverage must be used first. To ensure this is the case, you must apply for other coverage for which you may qualify. This may include BadgerCare, Medicare Part D prescription coverage, Low Income Subsidy or Extra Help for Medicare Part D, employer sponsored health insurance through work, or commercial insurance through the Affordable Care Act.

Section IV. Insurance Information

Check at least one box that describes your current health insurance. Answer the questions about any policy you have.

If you want HDAP to pay your insurance and you do not send insurance information (cost of monthly premium, mailing address to send payment, etc.), payments may be late and you could use your insurance coverage.

If a payment is due before you are approved, you must make the premium payment or you may lose your insurance. If HDAP pays your premium and you receive a refund or rebate from your insurance company, you must send it to HDAP.

Authorization to Release Information/Authenticity Statement

You, a legal guardian, or power of attorney filling out the form must sign and date it to prove that you have read the Authorization Statement in full and will comply. The signature will be good for one year after you sign the form.

HDAP and/or IAP Approval

HDAP/IAP will mail a letter of approval or denial to the client and the pharmacy as needed.

Proof of income and proof of residency are both required with your form.

A full list of acceptable documents is found at: <https://www.dhs.wisconsin.gov/publications/p03024.pdf>.

Income Proof

*Anything from this list will work if it shows your name and **current income**:*

- Check stub from employer (within last 60 days) or most recent W-2 forms; Social Security Administration Benefits award letter from current year; letter from your case manager on agency letterhead stating your income
- *If you have no income*, send a letter from the person or organization that supports you
- *If you are self-employed and have filed taxes*, send most recent Internal Revenue Service (IRS) form 1040 and all 1040 Schedule C forms
- *If you are self-employed and have not filed taxes*, send documentation that shows the income you receive and expenses, such as a current bank statement

Residency Proof

The items below will only work as proof of current residency if they are: current (within the last six months) and not expired; the same as your physical address on the form; and not a PO Box. You must use your physical address.

*An item from this list will work if it shows **name and current address**:*

- Driver's license; government issued identification; most recent check stub from employer; most recent bill in your name; letter from your case manager on agency letterhead stating they have visited the address
- *If you have no current address or are homeless*, you may send a: letter from a homeless service provider (shelter, clinic, food program, etc.) stating homelessness; letter from your case manager on agency letterhead stating homelessness and indicates in what city you reside
- *If you are staying with friends or family*, you may send a: letter from the friend or family member stating that you live at their address and the address must be listed on the letter; letter from your case manager on agency letterhead stating they have visited the address
- *If you are in jail*, you must send a letter from the jail nurse on jail letterhead stating that you are incarcerated

Assistance Completing the Form

If you have questions, call HDAP staff members at 800-991-5532 or a case manager at an agency in your area:

City	Agency	Phone Number
Appleton	Vivent Health	920-733-2068
Beloit	Vivent Health Beloit Area Community Health Center	608-364-4027 608-361-0311
Eau Claire	Vivent Health	715-836-7710
Green Bay	Vivent Health	920-437-7400
Kenosha	Vivent Health	262-657-6644
La Crosse	Vivent Health	608-785-9866
Madison	Vivent Health UW HIV Comprehensive Care Program	608-252-6540 608-263-0946
Milwaukee	Vivent Health Froedtert Infectious Disease Clinic Milwaukee Health Services Sixteenth Street Community Health Center	414-273-1991 414-805-6444 414-372-8080 414-672-1353
Superior	Vivent Health	715-794-4009
Wausau/Schofield	Vivent Health	715-355-6867

Return your completed form, income, and residency proof in an envelope marked "Confidential" to:

Division of Public Health
Attn: HDAP
PO Box 2659
Madison, WI 53701-2659

Or fax to 608-266-1288