State of California – Health and Human Services Agency   California Department of Public Health

AIDS Drug Assistance Program (ADAP) and
Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)
ENROLLMENT WORKER ATTESTATION

Instructions

This form can only be used by an enrollment worker enrolling a client over the phone who is unable to meet in person, cannot submit items electronically, and cannot mail the documents. ADAP/PrEP-AP clients and/or enrollment workers who knowingly provide inaccurate or false documentation may be in violation of various Penal Code laws and the California False Claims Act.

Applicant Information (Required)

Applicant Name:_____ Client/ Applicant ID Number (if available): _____

Re-enrolling or Applying for: ADAP   PrEP-AP   Family Size*:_____   Date*:_____

I_____(enter enrollment worker name) hereby certify the applicant has:

A positive HIV/AIDS diagnosis (required for new clients):   Yes   No

Proof of being at least 18 years old (only select no if individual is a minor applying for PrEP-AP.):   Yes   No

Proof of California Residency: Yes   No

An annual Modified Gross Income (MAGI) that does not exceed 500 percent of the Federal Poverty Level (FPL) and is not less than 138 percent than the FPL based on household size and income: Yes   No

No other health insurance coverage (Medi-Cal or third-party payers):   Yes   No

ADAP/PrEP-AP Enrollment Worker Attestation (Required)

Please review, complete, and initial each item:

_____ I read the consent language from the ADPA/PrEP-AP Consent Form to _____(enter client's name), and they verbally consent to participate in the program. _____(enter client's name) acknowledges and consents to release personal and medical information to the applicable entities and for the purposes described on the Consent Form, as necessary for all of the CDPH medication assistance program(s) they are enrolled in.

_____ I have informed the client that the required documentation will need to be collected prior to the end of their 12-month eligibility span.

_____ On at least three occasions, I will attempt to collect documentation from the client.

I hereby certify that the information provided in the ADAP Enrollment System and within this Attestation is factual, accurate, and complete. I also understand that ADAP/PrEP-AP is permitted to request additional verification documentation if this attestation appears to be inconsistent or incorrect. I agree to promptly notify the program of any changes to the client's income, residency, or health coverage.

ADAP/PrEP-AP Enrollment Worker Name

_____   _____   _____
(Enrollment Worker Printed Name)   (Enrollment Worker ID Number)   (Enrollment Worker Signature)