

**Program Requirements Checklist**  
"Confidential- this form must always be saved on a secure network accessible only by Ryan White funded staff"

Forms		Date		Date		Date
First Contact (One time only)			<i>Intentionally left blank</i>			
Informed Consent (One time only)						
HIV Verification (One time only)						
Rights & Responsibilities (One time only)						
Grievance Procedure (One time only)						
Release of Information (ROI)						
Client Intake / Update						
Psychosocial Screening / Re-screen						
Nurse Assessment / Reassessment						
Care Plan Updated (every 6 mo.)						

Clinical outcomes	Value		Date	Value		Date	Value		Date
	Level	Points		Level	Points		Level	Points	
Overall acuity level/points/date									
Adherence acuity level/points/date									
CD4 / date									
Viral Load (VL) / date									
Weight / date									
HIV / AIDS status / date*									

\*Choose one of the following: **A** - HIV+/Not AIDS; **B** - HIV+/AIDS status unknown; **C**- CDC - Defined AIDS

**Income verification**

I have verified income to be at or below:

Initial eligibility:

- CAREAssist/OHP Eligible
- 100% of poverty
- 200% of poverty
- 250% of poverty
- above 250% of poverty

1<sup>st</sup> review:

- CAREAssist/OHP Eligible
- 100% of poverty
- 200% of poverty
- 250% of poverty
- above 250% of poverty

2<sup>nd</sup> review:

- CAREAssist/OHP Eligible
- 100% of poverty
- 200% of poverty
- 250% of poverty
- above 250% of poverty

Income verified through: \_\_\_\_\_

Income verified through: \_\_\_\_\_

Income verified through: \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

CM \_\_\_\_\_

CM \_\_\_\_\_

CM \_\_\_\_\_

**HIV verification**

I have verified HIV status through:

- current CAREASSIST client
- copy of HIV+ test results (Western Blot only)
- lab results that show the presence of HIV (A detectable viral load) from lab or physician\*\*
- written verification from another provider who has one of the above documents in client's file

Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*If copy of test results not available and lab work shows undetectable viral load, a new Antibody Screening Test must be performed.

Client Name \_\_\_\_\_ ID# \_\_\_\_\_