



**NKYHEALTH**  
NORTHERN KENTUCKY HEALTH DEPARTMENT



**RYAN WHITE SERVICES ELIGIBILITY APPLICATION** KADAP (Kentucky AIDS Drug Assistance Program) KHICP (Kentucky Health Insurance Continuation Program) KHHCP (Kentucky Home Health Care Program) KHCCP (Kentucky HIV/AIDS Care Coordination Program)

Please bring the following with you to your intake appointment. Applications will not be completed without these:

**Proof of Residency**

You MUST submit one of the following: current copy of signed lease; most recent utility bill; current valid driver's license or official state ID that includes address; other official mail; statement from a person providing room and board. Proof of address must match the address listed on the application. An individual who is documented as "homeless" by the Case Manager can complete a self-attestation of residency status.

**Proof of Income**

You MUST submit one of the following: most recent W-2 or 1099; 2 recent paycheck stubs; Social Security statement; food stamp award letter; unemployment check/letter; workman's compensation letter, or complete most recent tax return. Please provide proof of income for all sources of household income. All documents provided, excluding W-2, 1099 or tax return, must be LESS than 6 months old. If you have no income, you MUST include a signed statement that you have no income and explain how you are meeting your needs of daily living.

**Proof of Insurance or Medicare Part D Plan (If applicable)**

If you have a health benefits plan including Medicaid or Medicare, you MUST submit a copy, FRONT AND BACK, of your health benefits/insurance card to be eligible for Insurance Continuation Program (KHICP). If uninsured you must vigorously pursue healthcare benefits or document with your initial application your refusal to participate in an insurance benefits program.

**Proof of Positive HIV Status**

Provide a complete name-linked verification of HIV positive status. The following items may be used to verify HIV status: two (2) reactive rapid HIV tests conducted on the same day; a positive confidential Western Blot test result; signed and dated written statement from a medical care provider utilizing the Clinical Information form (CIF); a Testing Counselor, who has been certified by the Centers for Disease Control and Prevention (CDC) training "Fundamentals of HIV Prevention Counseling," may sign and verify HIV status utilizing the CIF; or a discharge summary or other medical record that verifies HIV positive status.

**Northern Kentucky Health Department**

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