



AIDS Services Access Program  
Preliminary Phone Assessment  
Intake Checklist

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Applicant's contact telephone number: \_\_\_\_\_
- a. Is it OK for us to call at this number with information?  Yes  No
- b. Is it OK to leave a message on voicemail at this number?  Yes  No

2. What is/are applicant's need(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Documents needed prior to appointment:
- a. Proof of HIV/AIDS status (note from doctor or copy of labs)
1. Applicant needs to sign HIPAA authorization consent form (DOH-2557, 2/2011)
- b. Proof of income, if any (e.g.: 1 month pay stub from employer; SSI or SSD award letter; unemployment; insurance).
- c. Proof of ID
1. Does applicant need assistance with obtaining **Social Services**? (i.e.: birth certificate will be needed if applicant requires **Social Services** assistance)  Yes  No

4. Verify that personal and financial information can be provided for *household members*.

5. Offer directions to Thursday's Child.

6. Schedule appointment

Appointment set for: Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_