

**RYAN WHITE PART A COVID-19 EMERGENCY FUND DISTRIBUTION INTAKE FORM**

**COVID-19 Fund Agency Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Referring Agency (if applicable):** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Client DOB:** \_\_\_\_\_

**Has client tested positive for COVID-19? (circle one) YES NO Did Not Get tested**

**Ryan White Eligibility**

|                                  |       |         |       |          |
|----------------------------------|-------|---------|-------|----------|
| Verification of HIV diagnosis    | _____ | On File | _____ | Attached |
| Verification of Household Income | _____ | On File | _____ | Attached |
| Verification of Insurance        | _____ | On File | _____ | Attached |
| Verification of Residence        | _____ | On File | _____ | Attached |
| HIPPA Release Form               | _____ | On File | _____ | Attached |
| Verification of ID               | _____ | On File | _____ | Attached |

**Summary of client emergent need based on COVID-19:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you previously received any assistance through COVID funds at Part A Agencies? Yes/No**

**If yes, when and what did you receive?** \_\_\_\_\_

Checked CareWare \_\_\_\_\_

**COVID-19 related assistance provided to client:**

| <b>x</b> | <b>Service Type</b>                  | <b>Amount</b> | <b>Description</b> |
|----------|--------------------------------------|---------------|--------------------|
|          | Food Card                            |               |                    |
|          | Home Delivered Meals                 |               |                    |
|          | PPE (masks/gloves)                   |               |                    |
|          | Cleaning Products                    |               |                    |
|          | <b>Other (requires CM approval):</b> |               |                    |

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_