

A CURRENT COPY OF THE RYAN WHITE SERVICES ELIGIBILITY CARD IS REQUIRED. APPLICANTS WITHOUT AN ELIGIBILITY CARD ARE NOT ELIGIBLE TO APPLY FOR FOOD VOUCHERS.

MEDICAL STATUS: HIV POSITIVE AIDS (AS DEFINED BY CDC)

VERIFICATION OF MET NEED WITHIN 12 MONTHS OF APPLICATION DATE:

VIRAL LOAD (VL) TESTING OR CD4 COUNT OR PROVISION OF ART

CLIENT'S HOUSEHOLD INCOME:

MONTHLY \$_____ (must include food stamps, SSI, unemployment benefits, all income)

THE DATE OF THE LAST BUDGET COUNSELING: ____/____/____

HAS THE CLIENT'S BUDGET BEEN REVIEWED BY THE MEDICAL CASE MANAGER (circle one) YES/NO
PLEASE DESCRIBE THE NATURE OF THE EMERGENCY (*please be specific, attachments may be applied*):

PLEASE INDICATE WHAT OTHER FOOD PROGRAMS YOU HAVE ACCESSED PRIOR TO APPLYING FOR THE PHMC FOOD VOUCHER PROGRAM

AMOUNT OF THE FOOD VOUCHER: _____

PLEASE NOTE: COPY OF FOOD VOUCHER MUST BE ATTACHED.

ELIGIBILITY SCALE

Recipient	Food Voucher Amount
Single Individual (HIV+)	\$150
1 dependant *	\$40
2 dependants*	\$60
3 dependants*	\$80
4 dependants*	\$100
5 dependants*	\$120
6 + dependants*	\$140

Application File Number _____

CLIENT SIGNATURE _____ DATE _____

MEDICAL CASE MANAGER SIGNATURE _____ DATE _____

PLEASE NOTE AN HIV RELATED RELEASE OF INFORMATION FORM MUST BE COMPLETED AND SAVED IN THE CONSUMER CHART ALLOWING THE PROVIDER AGENCY TO SUBMIT THE COMPLETED APPLICATION TO PHMC

I, _____ (print full name of applicant), am apply for AACO Food Voucher Assistance. I have completed and signed an HIV related release of information in compliance with PA ACT 59 allowing _____ (Case Manager's Signature) to submit this application to PHMC.

CLIENT SIGNATURE

DATE

Application File Number _____

REVISED JULY 2013