

**EARLY INTERVENTION PROGRAM (EIP)
HIV & HEALTH STATUS INFORMATION FORM**

HIV & HEALTH STATUS INFORMATION

EIP must confirm your HIV and health status in order to process your application. If you recently moved to Washington State would you like us to try and obtain this information from your previous state to verify HIV?

If so, please tell us the state from which you moved _____

Otherwise the bottom of this section must be completed by your health care provider.

Please indicate if you have tested positive for Hepatitis C? Yes No

If so, would you like more information about medications that cure Hepatitis C? Yes No

Please submit this form to us with this application or ask your health care provider to send it directly by mail or fax. You can call us at (877) 376-9316 if you have questions about this form.

Client Section – To Be Completed By The Client

Full Legal Name _____ Date of Birth _____
(mm/dd/yyyy)

Applicant or Legal Guardian Signature (**Do Not Leave Blank**)

Today's Date (mm/dd/yyyy) (**Do Not Leave Blank**)

I authorize my health care provider to release the information on this form to the Washington State Department of Health

Health Care Provider Section – To Be Completed By The Health Care Provider

Please answer the following questions about the patient:

HIV+ (lab confirmed) Yes No Date of Test: _____
Has ART been prescribed? Yes No If Yes, Date Prescribed: _____

Health Care Provider Signature - By signing below, you:

- Declare that you are the health care provider for the patient named above.
- Confirm that you have evidence of the patient's HIV status.
- Certify the information on this form is accurate and complete to the best of your knowledge.

Health Care Provider Signature (**Do Not Leave Blank**)

Today's Date (mm/dd/yyyy) (**Do Not Leave Blank**)

Health Care Provider – Please Print Name



**EIP Mailing Address - PO Box 47841 Olympia WA 98501
EIP Fax 360 664-2216**

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).