

DOH 150-054 September 2016

What is PrEP DAP:

Pre-exposure prophylaxis (PrEP) is an HIV prevention method in which people who do not have HIV take a daily pill to reduce their risk of becoming infected with the virus. When used consistently, PrEP has been shown to reduce the risk of HIV-1 infection among adult men and women at very high risk for HIV infection through sex or injecting drug use. TRUVADA® has been approved by the Federal Drug Administration for use in PrEP.

To be eligible for PrEP DAP, you must meet certain conditions. Please check the boxes that best describe your current risk for HIV-1 infection. The risk factors are a person who:

Is male or transgender who has sex with men and has one or more of the following risks: (Check all that apply)

- Diagnosis of rectal or urethral gonorrhea, rectal chlamydia or early syphilis in the prior 12 months
- Methamphetamine or popper use in the prior 12 months
- History of providing sex for money, drugs, food, shelter or transportation in the prior 12 months
- Unprotected anal sex outside of a long-term, mutually monogamous relationship

Is in an ongoing sexual relationship with an HIV-infected person who:

- Is not on antiretroviral therapy (ART)
- Is on ART but is not virologically suppressed
- Is within 6 months of initiating ART
- Is on ART and is virologically suppressed

Is in an ongoing sexual relationship in which the female partner is trying to get pregnant**Is a woman who provides sex for money, drugs, food, shelter or transportation****Injects drugs that are not prescribed by a medical provider****APPLICATION INSTRUCTIONS:**

Follow these instructions to fill out the PrEP DAP Confidential Application. The application is broken into six sections. Please fill the application out completely (do not use a pencil) and provide all required documentation. If you leave something out, we may have to send you a letter to get it. This will delay your eligibility. If you need help, call us at 360-236-3412.

SECTION 1 - APPLICANT INFORMATION

Full Legal Name: Give your legal name as shown on your state-issued ID or passport. Do not give your nickname or preferred name.

- Proof of Legal Name:** If you are new to PrEP DAP, you must provide proof of legal name. This proof can be a copy of your state-issued ID or passport. It can be expired. If you do not have this kind of ID, call PREP DAP. If we do not get a copy of this proof, we will have to request it from you. This will delay your eligibility.

If you are renewing your PrEP DAP eligibility, you do not have to provide Proof of Legal Name again unless your legal name has changed.

Date of Birth: Give your full date of birth (month/day/year).

Sex Assigned at Birth: Check the box for the sex you were assigned at birth.

Current Gender Identity: Check the box that most closely matches the gender you currently identify with.

Email Address: Please provide us an email address. Also select if we may or may not email you.

Home Address: Give the address where you live - where you sleep at night. If you do not have a home address, complete the No Home Address Declaration.

Proof of Washington Residency: If you provided a home address, you must provide proof of Washington residency. If we do not get a copy of this proof, we will have to request it from you. This will delay your eligibility. The documents we accept are:

- Unexpired WA State Driver License or ID Card
- Voter Registration Card
- Copy of Lease, Mortgage or Rental Agreement
- Utility Bill in your name (cell phone bills not accepted)

No Home Address Declaration: This is only to be completed if you do not have a home address and are homeless. If you are homeless and do not have a home address, please complete the statement in its entirety by telling us where you stayed last night and in what city. You must give us a mailing address.

Mailing Address: All clients must give us an address that you want us to use when we send you mail. If your mailing address and home address are the same, check the box "Same as my home address above".

****If you do not complete this section, we will mail all correspondence we send you to the address you provided for your home address. If you do not have a home address and completed the No Home Address Declaration, we will have to request it from you. This will delay your eligibility.**

Phone Number & Voicemail: Give the phone number where we can reach you. Check the box to tell us if we can leave a message. If we call you, we will give only our name and phone number. We will keep your HIV status confidential. Do not give a work number if you do not want us to call you there.

Would you like to receive documents in Spanish?: Check the box to show if you want PrEP DAP to send your letters and other information in Spanish. All correspondence will be sent in English if left blank.

Social Security Number (SSN): Give your SSN or mark the box that you do not have a SSN. This information is kept confidential. We collect it to help us make sure you are getting the right coverage.

Citizen or Non-Citizen Status: Please tell us your citizenship status here in the United States of America. We need this information to make sure you are getting the right coverage. We do not report any of this information outside our program. Citizenship status will not affect your eligibility with our program.

Ethnicity: Check the box that most closely matches your ethnicity.

Race: Check the box that most closely matches your race(s). You may check more than one.

Application Assistance: If someone assisted you with filling out this application and you would like us to notify them of the status of the application, please fill in their information.

SECTION 2 - INSURANCE

Have you used patient assistance programs this year to pay for your Truvada? Please select the best response(s). We used this information to determine if you may qualify for a patient assistance program or if you have already used benefits available to you. PrEP DAP is a payer of last resort program.

Medical Insurance Information: We need to know if you have medical insurance.

Do you currently have Medical Insurance? You must mark yes or no. The application will be deemed incomplete if you do not answer this question.

Yes – Send copies of all of your insurance card(s) and select each insurance type you have. Each type has a brief description to assist with the right selection. Please enter the plan name if you have selected an insurance type with it in it.

No – Proceed to Section 3 - Income

****Note:** If you recently lost your coverage, we may ask for documentation showing when it ended.

SECTION 3 – INCOME

Income: Please tell us your current gross income (monthly or annual). You do not have to provide documentation. You do not have to report any income from family living with you.

SECTION 4 – AUTHORIZED REPRESENTATIVE

Authorized Representative: Please fill in the table if you have a friend or family member who you would like to be able to talk to us. Give the person's first and last name, date of birth, phone number and email address. We will only use this information to verify who they are when they call.

SECTION 5 – ELIGIBILITY, AGREEMENT, RELEASE OF INFORMATION & ASSIGNMENT OF BENEFITS

Eligibility, Agreement, Release of Information & Assignment of Benefits: Please take the time to read this section. It tells you what we expect you to do when you are a participant of our program. You will need to select your risk for HIV-1 infection under the eligibility portion and you must sign and date this section which verifies your risk and that you have read and understand the Agreement, Release of Information and Assignment of Benefits.

SECTION 6 – HIV & HEALTH STATUS INFORMATION (HHSI)

All participants and potential participants must fill out this form. PREP DAP must confirm your HIV and health status. You and your health care provider must each fill out a section. You may send the completed form to PREP DAP with your application or ask your health care provider to send it to PREP DAP. We cannot determine your eligibility until we get this completed form.