



Texas HIV Medication Program
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**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ASSISTANCE
FROM THE TEXAS HIV MEDICATION PROGRAM (THMP) – *Last Updated April 2009***

Before you begin completing the THMP application form, please take a few minutes to review these specific instructions. While many of the questions are self-explanatory, some may require additional clarification in order to be completed correctly. If you need any help with completing the application, please call the THMP at 1-800-255-1090 or (512) 533-3000.

IMPORTANT! PLEASE ANSWER EVERY QUESTION AS COMPLETELY AS POSSIBLE...HERE'S WHY:

The goal of the instruction and application forms is to help you with providing as much of the necessary information as possible upfront, so that your eligibility for assistance can be determined as quickly as possible. One of the requirements placed upon the THMP by its funding sources is that the program serve as payer of last resort, meaning that applicants approved for prescription assistance through the THMP have been fully screened to determine whether or not they not only qualify financially, but also that they have exhausted all other available prescription resources such as Medicaid coverage and health insurance. Applications that are incomplete or require clarification are classified as "pending" applications by the THMP, which will delay the processing of that application. A letter of pending status notification requesting additional information is mailed to the applicant, and the original application is held in our pending file for a maximum of 90 days while awaiting receipt of the requested information. Applications in pending for more than 90 days without response will be removed and deleted from our files, and the client will have to fully reapply to the THMP for further consideration. For a list of frequently asked questions regarding the THMP, printable copies of THMP forms, and other related material, please refer to our website at <http://www.dshs.state.tx.us/hivstd/meds>.

SECTION I – PERSONAL INFORMATION

Question 1 – Please enter your full, legal name in the following order: last, first and middle.

Question 2 – Please enter your legal date of birth.

Questions 3 -- Enter the full address of your actual place of residence, including your apartment number if applicable. A Post Office Box or Rural Route address is **not** considered a residential address, but would be appropriate for entry in question 6 if you wish it to be used as your preferred mailing address. If you have a Rural Route address, please list your actual street address used for 911 emergency service purposes.

Question 4 – Please check the corresponding box that applies to you regarding your sex (gender).

Question 5 – Please check "yes" if your gender is female and you are currently pregnant.

Question 6 – If you are providing an alternate mailing address other than a standard P.O. Box or Rural Route address, please be sure to include the name of the person your mail needs to be sent in care of ("C/O") in order for the Post Office to actually deliver to that address.

Question 7 – All applicants must include at least one form of proof of current Texas residency. Acceptable proofs of residency include the following items:

- Valid (unexpired) motor vehicle records (i.e., vehicle registration, driver's license)
- Valid (unexpired) Texas Department of Public Safety (DPS) issued identification card

- Recent Social Security, Medicaid/Medicare or Food Stamp/AFDC benefit award letters
- Current mortgage or rental agreement specifically listing you as a household member
- Recent public utility records and receipts (electric, gas, phone, or cable bill)
- Post office records verifying your current address
- Current employment records (such as a pay stub listing your current address)

If you don't have any of the items listed above that would prove Texas residency, as a last resort you may also submit a copy of the Supporter Statement (found on page 7 of the application) signed by the person providing support to you, as long as they specifically state the complete address in Texas where you're currently living.

The THMP reserves the right to request additional proof of Texas residency at any time. Should you have any questions regarding acceptable residency proof, please feel free to contact the THMP for clarification.

Question 8 – Phone Number

Question 9 – Alternate Phone Number

Question 10 – In an effort to get your application processed as swiftly as possible, it may be necessary to reach you by phone to ask additional questions or request information that was not submitted with your initial application. If there are any special instructions as to how we should leave a message for you if you are unavailable, please let us know – for example, "Don't leave any messages on voicemail" or "Okay to leave message on answering machine" or even "Please do not call me at home or work." We want to make this process as easy as possible for you, but do not want to risk compromising your confidentiality if leaving a message for you would be a problem. If we cannot reach you by phone, we will simply mail a pending letter to you requesting the additional or missing information, which will delay further processing of your application.

Question 11 – Check "separated" for marital status if you and your spouse live apart **AND** you do not have access to, or receive support from, your spouse's income. If your spouse is currently confined to a long-term care, psychiatric or penal institution, please document this in a letter and include it as an attachment to your application.

Question 12 – If your marital status has changed within the past 12 months, please state when and how your status actually changed; for example, if you were divorced 6 months ago you would state that in this section. This information is especially important if you were previously enrolled in the THMP and are now reapplying for assistance, so that our staff can understand what has changed (or not changed) in your household since the last time you were on the program.

Questions 13 and 14 – If you (or your spouse, if applicable) do not have a Social Security number, please be sure to write "NONE" or "NA" (not applicable). Leaving these questions blank will delay the processing of your application.

Question 15 – Please check the appropriate box that corresponds to your race/ethnicity.

Question 16 – If you answer Yes, to currently residing in a residential or correctional facility such as a halfway house, rehabilitation center or correctional facility and wish to have any correspondence from the THMP sent to you at that address, please be sure to provide the complete mailing address in Question 6 that we should use, including the facility name and (if applicable) the person your mail should be sent in care of ("C/O") at that facility in order for you to receive mail at that location. *(If this section doesn't apply to you, just leave it blank.)*

Question 17 – If you answer Yes, to having been recently released from incarceration by the Texas Department of Criminal Justice (TDCJ) or any other Municipal, State, County, or Federal facility, please state when you were released and from what facility. If you were released from TDCJ and know your TDCJ inmate number, please enter that as well. *(If this section doesn't apply to you, just leave it blank.)*

SECTION II – HOUSEHOLD AND MONTHLY INCOME INFORMATION

Question 18- In calculating and listing the people living in your household, please include yourself, your spouse (if married or common law), your children or stepchildren, and **all other** household members currently residing in your home, whether related to you or not. If you are residing in a nursing home, shelter, rehabilitation facility, or halfway house, please make sure you marked the appropriate box for your living situation in Question 16 and list only yourself in the household; however, if you are married **and** currently residing in a nursing home, shelter, rehabilitation facility, or halfway house, please be sure to also document this by listing your spouse and any of your children under age 18 currently residing with your spouse in a letter and include this as an attachment to your application.

Definition of family and household for determining family size and income - Family members whose incomes are considered are the applicant and spouse (or common law spouse), if applicable. For minor children, the parents' income is considered for each parent living in the same household as the child. For determining household size, the applicant, spouse (or common law spouse), and their dependent children shall be included. A dependent child is a child under the age of 18 who is the biological/adoptive child or the stepchild of the applicant. A child applicant is a person under the age of 18, living with his or her parent(s).

Definition of common law marriage - Common law marriage is permitted and recognized as legal marriage in Texas. People are considered parties to a common law marriage if they: 1) have agreed to be married, 2) held themselves out as husband and wife, such as by filing joint tax returns or introducing themselves to others as "my husband" or "my wife", and 3) lived together in Texas as husband and wife.

Question 19a – Do you have income or receive benefits? If YES, fill out the applicant column for question 19c. If NO, fill out section 19d.

Question 19b – If married/common law does your spouse have income or receive benefits? If YES, fill out the spouse column for question 19c. If NO, fill out section 19d.

Question 19c – Information must be provided in this section if YES is answered for either Question 19a or 19b.

Enter your total MONTHLY household income. If you are married (standard or common law), please include your spouse's income in the appropriate columns. Do NOT combine your income with your spouse's income into one column – please keep them separate. Fill in all of the blanks, listing gross (pre-tax and other payroll deductions) figures unless otherwise indicated. If your income for any category is zero, write "0" or "NA" in that space. Documentation that may be used as proof of income and/or benefits is required for all sources listed on the application. For each income/benefit category listed, the documentation that you should include for your household (applicant or spouse) with your application is as follows:

- **Wages, Salary, commissions, tips (Employment income):** copies of your two most recent pay stubs that show your gross income and your payroll deductions. If paid weekly, four (4) consecutive pay stubs will be required. If it is unclear on the pay stub as to how often you receive a paycheck from your employer, please include a statement explaining how often you get paid (weekly, biweekly, semi-monthly, monthly, etc.). If your employer does not actually provide pay stubs to you, a letter from your employer on company letterhead with the following items will be required: 1) your gross monthly pay and how often you are paid by the employer, 2) a specific statement verifying that the employer does not provide actual pay stubs, 3) a statement that you receive no health insurance coverage from the employer, and 4) the name, signature, job title, and phone number of the person writing the letter.
- **Self employment income:** a complete copy of your most recent Federal Income Tax Return will be required, including all of the applicable attachments. Please note that per IRS regulations, anyone with net self-employment earnings of more than \$400.00 is required to file a Federal Income Tax Return for that calendar year. If you have yet to submit a current tax return for the year and/or have filed an extension for the current tax year, please submit the previous year's tax return along with a copy of your extension request, if applicable. If approved for the THMP

based on your previous year's tax return, once the April 15th filing deadline (and/or the August 15th extension deadline) for submitting your tax return has passed, you are required to submit a copy of the new return to the THMP. Failure to submit the requested information in time will result in suspension of eligibility from the THMP until such documentation is actually received and approved.

- Interest and cash dividends: A complete copy of your most recent Federal Income Tax Return.
- Veteran's or other retirement pension benefits: A copy of your benefit award letter or any other official documentation showing the amount received on a regular basis from the pension.
- Government benefits and/or awards: Copies of your award letters showing the current dollar amounts received would serve as proof of income for such items as unemployment benefits, worker's compensation, Social Security retirement or SSDI, other disability benefits, SSI, AFDC/TANF, and food stamps. In certain cases when a benefit is being directly deposited into your bank account, we can also accept a current bank statement as proof of income if the statement lists where the deposited amount is coming from, such as with Social Security.
- Alimony/child support: A copy of your benefit award letter or any other official documentation showing the amount received on a regular basis from alimony or child support.
- If you have any other sources of income that fall outside of the categories provided, list them in the "Other Additional Income" category and include whatever proof of such income you can provide. For example, if you receive HOPWA, Section 8 or other forms of housing assistance supplied through local assistance organizations, a letter signed by your case manager confirming that you receive such services would suffice.

If you have applied for any of the benefits listed in this section, but have yet to receive notification of approval for a particular benefit, it would be helpful to our understanding of your income situation if you stated that on the application.

Question 19d -- Information must be provided in this section if **NO** is answered for either Question 19a or 19b.

Indicate in the space provided how you (or your spouse) are supported. If you are married and you have income and your spouse does not, please state that your spouse does not work and you are the sole supporter of the household. If you need additional space to clarify your situation attach an additional sheet.

PLEASE NOTE: If you are claiming to be currently receiving zero income and zero cash assistance from any source, you will also need to attach a copy of the THMP Supporter Statement form found on page 7 of the application. The Supporter Statement should be completed and signed by the person(s) providing room and board or other assistance. The form may also be completed by anyone other than your employer who provides cash assistance to you to meet your monthly living expenses. If you are receiving support from someone who is unaware of your HIV status, please note that the Supporter Statement does not mention anything regarding HIV or AIDS on the form in order to preserve your confidentiality.

The THMP reserves the right to request additional proof of income at any time. Should you have any questions regarding acceptable income proof, please feel free to contact the THMP for clarification.

SECTION III – EMPLOYMENT STATUS

Questions 20 – 22 – Please remember to provide current employment income proof as described above for both you and your spouse. If either you or your spouse is currently unemployed make sure to indicate where and when you were last employed and also write "Not Applicable" or "NA" for Questions 21 & 22 as appropriate. *Leaving any of these questions unanswered will result in the application being placed in "pending" status.*

SECTION IV – HEALTH INSURANCE COVERAGE

Question 23 -- If you answer **yes** to having Medicare you will need to fill out the Texas HIV State Pharmacy Assistance (SPAP) Enrollment form on page 8.

Questions 24 – 27 concern the current health insurance status for you and/or your spouse. Documentation will be required under all circumstances in which you or your spouse have private health insurance coverage. The THMP will need to

receive proof as to what the insurance will or will not cover regarding prescription medications for the applicant. Please note that coverage through either Medicaid or City/County medical assistance plans (such as MAP in Austin, Carelink in San Antonio, or the Harris County Gold Card) does not require additional documentation; however, the THMP reserves the right to ask for proof of enrollment in such plans in order to further verify identity, residency, or income level should the necessity arise.

Question 27– For any of the circumstances listed in this question that apply to your health insurance situation, please provide supplemental documentation from your insurance plan verifying your situation. If you are about to lose or have recently lost your health insurance coverage, a copy of your certificate of prior coverage showing when the coverage actually ended would also be useful in explaining your current situation. Should you have any questions regarding what types of documentation would suffice, please feel free to contact the THMP directly for clarification.

SECTION V – PARENT INFORMATION if the applicant is a child under age 18)

This section applies only to the parents of those applicants that are under the age of 18 that are currently living with the child; all other applicants over age 19 should skip Section V. The questions and desired responses are comparable to those in Section II – IV.

SECTION VI – VETERAN'S STATUS

Question 28 - Please answer "yes" or "no" as appropriate. Please note that all **veterans** with honorable or general discharges who enlisted prior to September 7, 1980 and have served at least 180 days of active duty can receive **care at VA medical centers** -- *even if they aren't disabled under VA or Social Security rules or have not served in a war zone or during wartime.* (Veterans who first enlisted after September 7, 1980 must *also* have served at least two years as well--- *unless* they were activated Reservists or National Guardsmen who fully served out a shorter call-up *or* were discharged early for disability.) Care available through the VA includes inpatient hospital stays, outpatient hospital services, clinic and physician services, and outpatient prescriptions. Veterans who are former prisoners of war and fully or even partially disabled from *service-connected* causes get priority, free care. Other non-*service-connected* veterans who qualify financially get free care, except for a \$2 per prescription co-pay. Non-*service-connected* veterans with higher income levels get space-available care with low co-pays. **Dependents** of veterans -- spouses, widow(er)s and minor or grown-but-first-disabled-in-childhood offspring of *service-connected* disabled veterans---get free **health insurance** (similar to group plans offered by major employers) from **CHAMPVA**, regardless of income levels. For further details, please see the VA website, www.VA.gov.

SECTION VII– CERTIFICATION AND AUTHORIZATION BY APPLICANT

Question 29 – Authorization to release confidential information: For confidentiality reasons, under normal circumstances the only persons the THMP will have contact with regarding your application and program status would be the appropriate medical professionals within your assigned pharmacy or physician's office (plus the parents, but **only** if you are under age 18 and not an emancipated minor). If you wish to allow any other individual(s) to speak to the THMP on your behalf, such as a case manager, sibling or other family member, or your spouse/roommate/partner, please list each specific individual on the lines provided. The authorization is in effect for each individual until you revoke it in writing, which you may do at any time.

Question 30 – If a case manager or social worker is assisting you with applying for social service programs and other benefits, please list them here.

Signature of Applicant: Please read the six statements carefully prior to signing and dating the application. If the applicant is under age 18, he or she is not required to sign, but one of the parents would normally be required to sign and date the application unless the child is an emancipated minor and has been documented as such when applying.

The Supporter Statement on page 7 of the application is meant to be used in situations where you are claiming zero income and benefits and are living solely on the support of a friend, partner or relative that certifies their support by completing this statement. In cases where you have no other method to prove Texas residency, the statement may also serve as residency proof when signed by someone providing support to you at that specific address in Texas.

The Texas HIV State Pharmacy Assistance Program (SPAP)

All THMP applicants with Medicare (Part A Hospital and/or Part B Medical) must fill out the Texas State Pharmacy Assistance Program (SPAP) Enrollment form on page 8. If you do not have Medicare please leave this page blank.

The SPAP is designated to provide help with co-pays, coinsurance and gap coverage associated with a Medicare Part D prescription drug plan. Please note the THMP is unable to help with the monthly plan premiums, it is your responsibility to pay these costs directly to your plan or have them deducted from your social security check. **Enrollment in a Medicare Part D plan is required for all SPAP enrollees.** If you are not enrolled in a Part D plan, the SPAP application should still be submitted and an SPAP staff person will contact you about enrolling in a Medicare Part D Plan.

Section I

Provide your name, phone number(s) and social security number as appropriate. Your Medicare number and the effective date of your Medicare Part A are both required, this information can be found on your red, white and blue Medicare card.

Section II

If you are enrolled in a Medicare Part D Prescription Drug plan, please provide your plan information. If you are not enrolled in a Part D plan, the SPAP enrollment form should still be submitted and an SPAP staff person will contact you about plan enrollment. Please note enrollment in a Medicare Part D plan will be required.

Section III

All applicants with Medicare are required to apply for the Low Income Subsidy which is available through Social Security.

If you have already applied for this assistance please indicate your subsidy status.

If you have not already applied for this assistance you will be required to do so. You can apply over the phone by calling the Social Security Administration at 1-800-772-1213, visiting your local Social Security Administration office or online at www.ssa.gov. You can also call the THMP at 1-800-255-1090 to have an application mailed to you.

Section IV

Please read the five statements carefully prior to signing and dating the application. If the applicant is under age 18, he or she is not required to sign, but one of the parents would normally be required to sign and date the application unless the child is an emancipated minor and has been documented as such when applying.

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