ADPH FORM:
PROVIDER ATTESTATION OF
INCOME VERIFICATION FORM

Instructions:

*Use this **Income Verification Form** only if an individual seeking enrollment in ADAP/Part B services is employed and unable to provide one of the documents required to meet income eligibility criteria below.*

All applicants and clients seeking Ryan White Part B services to be provided by Alabama Department of Public Health must meet the following criteria:

1. Diagnosis of HIV
2. Reside in Alabama
3. Have an individual gross income not exceeding 400% of the Federal Poverty Level (FPL)
4. Be ineligible for third-party payors, including but not limited to employer-sponsored insurance, COBRA, and Alabama Medicaid.

Income Supporting Documentation Requirements:
One of the following documents must be provided:

- Copy of **two (2)** most recent pay stubs showing employer's name and address. Earnings must be dated within **the last 90 days.** Adequate documentation to support calculation of annual income must be collected.
- Copy of current Social Security benefits notification letter issued **within one year** of submission date of application.
- Letter from employer on company letterhead detailing pay frequency, average hours worked, and hourly wage **within 90 days** of submission date of application.
- Copy of signed or electronically submitted federal tax return for the **most recent prior tax year** (i.e.,1040 or 1040 EZ, including the Schedule C) (if self-employed).
- Copy of signed or electronically submitted Individual Income State Tax Return form for **most recent prior tax year** (Form 40) (if self-employed).
- Form W-2, Wage and Tax Statement for the **most recent prior tax year** (if self-employed).
- No Income Statement (see ServicePoint).

*Case manager instructions to complete the **Income Verification Form*** if one of the above documents cannot be provided:

1. Complete this attestation form.
2. Attach completed form to client profile in ServicePoint.

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INDIVIDUALS INFORMATION *(required)*	
Legal First Name	
Legal Last Name	
Date of birth (MM/DD/YYYY)	
Dates of employment (MM/DD/YYYY – MM/DD/YYYY)	
Pay frequency	☐ Hourly ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly
Hours worked in pay period	
Hourly wage	

ATTESTATION *(required)*	
I hereby certify that the information provided on this form is accurate to the best of my knowledge.	
Case Manager/Social Worker printed name	
Case Manager/Social Worker signature	
Date form is being completed (MM/DD/YYYY)	
Employer name (i.e., company name, individual worked for)	
The employer provides employees with access to regular paystubs.	☐ Yes ☐ No