ADPH ADAP FORM:
90-DAY TRAVEL MEDICATION REFILL REQUEST
FOR ADAP-Rx CLIENTS

This form is an extension of the ADPH ADAP Service Point application. All information provided is expected to be accurate and true.

This form is applicable to ADAP-Rx clients who intend to travel for more than 30 days, not exceeding 90-days in a calendar year. An ADAP-Rx client traveling more than 30 days outside of the country, can be eligible to receive a 30-day, 60-day, or 90-day supply of medication if eligible for all other eligibility criteria's.

Case manager/social worker instructions:

1. Case manager/social worker must complete the following form to document client travel plans.
2. Once complete, attach to the client profile in Service Point.

INDIVIDUALS INFORMATION *(required)*	
Legal First Name	
Legal Last Name	
Date of birth (MM/DD/YYYY)	
ServicePoint ID	

TRAVEL AND MEDICATION INFORMATION *(required)*	
Date of departure from Alabama for travel	
Date of return to Alabama from travel	
Travel destination	
Duration of medication being requested	☐ 30-day supply ☐ 60-day supply ☐ 90-day supply
Prescribing clinic	
Prescribing clinician	
Clinic address	

ATTESTATION *(required)*	
I hereby certify that the information provided on this form is accurate to the best of my knowledge. I also certify that I reviewed this information with the client and the information provided to determine ADAP eligibility is complete and correct. I have advised the client that intentionally withholding and/or providing false or misleading information will result in immediate denial or termination of all Ryan White Part B funded services, including ADAP services.	
Case manager/social worker printed name	
Case manager/social worker signature	
Date form is being completed (MM/DD/YYYY)	