

**ADPH ADAP FORM:  
INDIVIDUALS WHO ARE INCARCERATED IN CITY/COUNTY JAIL**



know.  
manage.  
live.

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

At which time an ADAP enrollee is in a **city or county jail** that does not contract with a healthcare provider to provide medication services, the individual will **continue to be eligible** to receive ADAP medication services.

- To ensure the Ryan White HIV/AIDS Program remains payer of last resort for medication services, the city or county jail must provide written documentation to the ADPH ADAP Central Office that the city or county jail does not contract with a health care provider to pay for medication services for individuals with HIV. Documentation must be submitted for each client.
- ADAP medications will continue to be shipped by the Pharmacy Benefits Manager to the incarcerated ADAP enrollee’s clinic for the clinic to provide to the enrollee while in the city or county jail.
- This policy applies to persons who are in county or city “work release” programs as they are still under the care and custody of a city or county jail.

Case manager instructions:

1. Forward form to city/county jail in which individual is incarcerated for their completion.
2. Upon city/county jail representative completion, attach completed form to client profile in Service Point.

INDIVIDUALS INFORMATION <i>(required)</i>	
Legal First Name	
Legal Last Name	
Date of birth (MM/DD/YYYY)	
Date individual was incarcerated (MM/DD/YYYY)	
ServicePoint ID	

ATTESTATION <i>(required)</i>	
<p>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.</p>	
City/county jail representative printed name	
City/county jail representative signature	
Date (MM/DD/YYYY)	
City/county jail name	
The city/county jail that I represent does not contract with a health care provider to pay for medication services for individuals with HIV.	