

**ADPH FORM:
PROVIDER ATTESTATION OF
INCOME VERIFICATION IF NO EMPLOYER LETTER**



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.

All applicants and clients seeking 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 criteria is documented using one of the following:

1. Copy of signed federal tax return for the most recent prior tax year (i.e., 1040 or 1040 EZ, including the Schedule C; acceptable for business owners only).
2. Copy of most recent pay stub showing at least 30 days of earnings and the employer's name and address; earnings must be dated within 90 days of submission date of application.
3. Copy of current Social Security benefits notification letter.
4. Letter from employer on company letterhead detailing pay frequency, hours worked, and hourly wage.

ADPH ADAP requires receipt of items 1, 2, or 3 on the list above for individuals applying for enrollment. For individuals for whom those items are not available, a letter from their employer (item 4 on the list above) is required. At which time an individual seeking enrollment in ADAP is employed and unable to provide a letter from their employer documenting their income, a case manager may attest to their client's income.

Case manager instructions:

1. Complete this attestation form.
2. 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)	
ServicePoint ID	
Dates of employment (MM/DD/YYYY – MM/DD/YYYY)	
Pay frequency	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 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. 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)

Employer name (i.e., company name, individual worked for)

The employer provides employees with access to regular paystubs.

Yes

No