



Notice of Eligibility

Date

Client Name/Address

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Client has been determined eligible to receive allowable services from the Florida Department of Health Ryan White Part B Program. Allowable services are based on availability, accessibility, funding, and program qualifications for the AIDS Drug Assistance Program (ADAP) and the State Housing Opportunities for Persons With AIDS (HOPWA) program.

Client’s eligibility status for receiving allowable services from the HIV/AIDS Patient Care Program is valid for 183 days from the date of this notice of eligibility. Client eligibility must be determined or verified no later than the expiration date below to continue services. Client must inform eligibility staff within 10 days if there are changes that affect their household size and/or income.

Household Size:	Income: \$	FPL: %
Other Programs (list all that apply):		

Determination Due No Later Than (MM/DD/YYYY):

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Eligibility Staff Name

Agency Name, City, State, Zip Code

Phone

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Keep this notice of eligibility in a safe place. Bring this notice with your photo identification when meeting with an ADAP, HOPWA, or case management about services.