

## ADMISSION FORM

Client Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
 Phone/Text \_\_\_\_\_ Email \_\_\_\_\_ [circle preferred method]  
 Address \_\_\_\_\_ Preferred Language \_\_\_\_\_  
 Primary Medical/HIV Provider \_\_\_\_\_  
 HIV Case Manager \_\_\_\_\_  
 Other Providers [ADS, Mental Health, CD, Payee, Housing etc.] \_\_\_\_\_

### Ryan White Client Eligibility Documentation:

**Proof of Insurance**

**Provider One** [*If not in Provider One, provide proof of all current insurances*]

**Proof of Residency**

**Homeless** [*If not homeless, provide proof showing current address*]

**Proof of Income**

**Zero Income** [*If not zero income, provide proof of current income*]

### Choose the program(s) you are referring to:

**Day Program: Operates 6:30 am – 4 pm 7 days/week**

o **Eligibility criteria:**

- HIV+ *and* Homeless and/or detectable viral load
- Agreeable to have their medications managed by Bailey-Boushay House and Kelley-Ross Pharmacy

o **Provide the following:**

- Comprehensive H&P including recent clinic note, allergies and HIV labs
- Completed Standing Orders
- Medication Prescriptions to Kelley-Ross Pharmacy

**Emergency Homeless Shelter: Operates 24 hours/day, 7 days/week**

o **Eligibility criteria:** HIV+ *and* Homeless

**Chemical Dependency Outreach Program: Operates 8 am – 4 pm Monday thru Friday**

o **Eligibility criteria:** HIV+ *and* active drug and/or alcohol issue

**HEET (Health Enhanced Engagement Team): Operates 8 am – 4 pm Monday thru Friday**

Counseling sessions, assistance to medical appointments, and housing search available at Bailey-Boushay House, in provider offices and within the community.

o **Eligibility criteria:** HIV+ *and* Homeless

**Rental Assistance Program: Requires pre-approval to refer**

o **Eligibility criteria:**

- Referred from a partner agency: POCAAN, BABES, Department of Corrections, Chief Seattle Club, Center for Multicultural Health, Entre Hermanos
- HIV+ *and* Homeless