

FOR AICP OFFICE USE ONLY:
AICP #:

**QUALIFICATION SCREENING DECISION PATH FOR
THE AIDS INSURANCE CONTINUATION PROGRAM**

Below is a Decision Path which should be used to determine whether an applicant meets the criteria for enrollment into the AIDS INSURANCE CONTINUATION PROGRAM (AICP). If the applicant can answer "YES" to all of the following statements, he/she may apply for participation in the AICP.

CURRENTLY MEETS HIV/AIDS PATIENT CARE PROGRAM ELIGIBILITY CRITERIA:

IF YES, CONTINUE

IF NO, DOES NOT MEET CRITERIA

IS HIV+ (ASYMPTOMATIC OR SYMPTOMATIC) OR A DIAGNOSIS OF AIDS

IF YES, CONTINUE

IF NO, DOES NOT MEET CRITERIA

CURRENTLY HAS HEALTH INSURANCE UNDER A GROUP, INDIVIDUAL, OR COBRA POLICY

IF YES, CONTINUE

IF NO, DOES NOT MEET CRITERIA

IS WILLING TO SIGN ALL FORMS

IF YES, CONTINUE

IF NO, DOES NOT MEET CRITERIA

The Community Based Organization Representative should check the appropriate line below and provide the information requested.

_____ This person meets the criteria to apply for participation in the AIDS INSURANCE CONTINUATION PROGRAM and has received an application packet.

_____ This person does not meet the criteria to apply for the AIDS INSURANCE CONTINUATION PROGRAM.

Agency Client ID # or Name: _____ Date of Screening: _____

The first premium paid by the AICP (was/will be) paid on _____ in the amount of \$ _____

and will provide coverage from _____ through _____.

EFFECTIVE MAY 2009