

Follow these instructions to fill out the Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) application. Please make sure we can easily read it by typing it or using a blue or black ink pen. You need to provide all required documents. If you leave something out, we will contact you with instructions for sending the missing information. This makes a longer wait time for you.

**How to submit your application:** You can get the application from our website at [www.doh.wa.gov/PrEPDAPapplication](http://www.doh.wa.gov/PrEPDAPapplication) or contact PrEP DAP Eligibility staff at [PrEPDAP@doh.wa.gov](mailto:PrEPDAP@doh.wa.gov) to ask for a copy.

Once it's filled out, choose the way that works best for you:

### **Option 1: Encrypted Email (Fastest)**

This is the quickest way to get us your info. Since your privacy matters, we use encrypted email to keep your data safe.

- **How to do it:** Send a quick email to [PrEPDAP@doh.wa.gov](mailto:PrEPDAP@doh.wa.gov) saying you're ready to submit.
- **What happens next:** We will send you a secure, encrypted reply. You can then attach your application and income documents directly to that email.

### **Option 2: Confidential Fax**

If you have access to a fax machine, follow these steps to keep your information private:

1. **Test it:** Send a test fax with a cover sheet addressed to "PrEP DAP Applications."
2. **Check in:** Email us at [PrEPDAP@doh.wa.gov](mailto:PrEPDAP@doh.wa.gov) to make sure we got the test.
3. **Send it:** Once we confirm, you're good to fax your full application and documents.

### **Option 3: Mail**

You can always send it in the mail. Just print and complete the application, sign and date it, and mail it in with paper copies of all required documents.

## **PrEP DAP Contact Information**

Toll Free: 1-877-376-9316

Email: [PrEPDAP@doh.wa.gov](mailto:PrEPDAP@doh.wa.gov)

Confidential Fax: 360-359-7952

Mailing Address: PO Box 47840, Olympia WA 98504-7840

PrEP DAP Client ID Number: If you have an existing PrEP DAP Client ID, please enter the number in the "PrEP DAP Client ID" box at the top right of the first page on the application.

## **Section 1: Applicant Information**

- **Legal First and Last Name:** Provide your legal name as shown on your state-issued driver's license, ID or passport. Do not give your nickname or preferred name.
- **M.I.:** Provide your middle initial if applicable.
- **Preferred Name:** Provide your nickname or preferred name if applicable.
- **Date of Birth:** Provide your full date of birth (month/day/year).
- **Social Security Number (SSN):** Provide your SSN if applicable. This information is kept confidential. We collect it to make sure you are getting the right coverage.

## **DOH 150-054 January 2026**

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

- **Preferred Written Communications:** Select the language (English or Spanish) you would like to receive letters. If left blank, all correspondence will be sent in English.

## Section 2: Residential Address

Please provide a Washington State physical address, not a PO Box. If you do not wish to receive mail at your residential address, please also complete the mailing address section below.

- **Street Address**
- **Apt/Lot/Floor:** Provide if applicable.
- **City**
- **State**
- **Zip Code**
- **County**

## Section 3: Mailing Address

If your mailing address and home address are the same, check the “Yes” box for the question “Is your mailing address the same as your residence?”. If you prefer to receive information by email, check the “Yes” box and provide an email address under contact information.

## Section 4: Contact Information

Please check “Yes” or “No” for the following of how you would like to receive messages from PrEP DAP:

- **Sending Emails:** Provide your email address.
- **Leaving Voice Mails:** Provide your phone number.
- **Sending Text Messages:** Provide your phone number.

## Section 5: Please tell us more about yourself

We use this information to improve programming and services.

- **Current Gender Identity:** Check the box that matches your current gender identity.
- **Sex Assigned at Birth:** Check the box that matches your sex assigned at birth.
- **Ethnicity:** Check the box that most closely matches your ethnicity. Select all that apply to you.
- **Race:** Check the box that most closely matches your race(s). Select all that apply to you.

## Section 6: Application Assistant or Authorized Representative

This is optional. If there is someone who helps you with your application, getting your medication, or doctor appointments that you want us to be able to talk to, please provide this information. Details provided will be used to verify their identity when contacting PrEP DAP.

## Section 7: PrEP Prescriber

Please tell us your healthcare provider who prescribes you PrEP. Please provide the provider’s name, clinic where you see them, and if you have seen your provider or had labs done in the past 90 days to help us determine your eligibility start date. By telling us the month and year, we will assist with any bills received during that time. If left blank, your eligibility start date will begin on the first day of the month your application is received.

## Section 8: Health Insurance Information

Medicare Part B and most health insurance companies must provide PrEP, PrEP doctor visits and PrEP tests (HIV, STI, other labs) for FREE as long as the health care provider is in-network.

- **Do you have health insurance?** Please check “Yes” or “No” for health insurance.

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- If you check **Yes**: Please mark each insurance type you have and send copies of your insurance card(s) (both front and back). Please provide your insurance carrier name, policy or plan name, and effective date.

### **Section 9: Income**

PrEP DAP has an income limit at or below 500% of the Federal Poverty Level (FPL). You must send proof of all reported gross monthly income. This is how much you make before any taxes or deductions. Please enter your gross monthly income on the line. Contact [PrEPDAP@doh.wa.gov](mailto:PrEPDAP@doh.wa.gov) if you are not sure what to send.

- Copies (do not send originals) of the following, if they apply to you:
  - If you are employed
    - By an employer: Pay stubs from your two (2) most recent months. Two months of pay stubs may be:
      - 8 pay stubs, if you get paid weekly
      - 4 pay stubs, if you get paid every other week
      - 4 pay stubs, if you get paid twice a month
    - Self-employed: A profit and loss statement for your two (2) most recent months (only include deductions the IRS allows, even if you do not file taxes)
  - If you receive income from other sources
    - Current year award letters for Social Security, Unemployment, or Pension Benefits, etc.
  - If you receive cash income
    - A profit and loss statement from your two (2) most recent months
- If you do not have any income, check the box below and explain how you meet your basic needs, such as food and housing.

### **Section 10: Risk Factors**

Please tell us which risk factors you identify with.

### **Section 11: Agreement, Release of Information & Assignment of Benefits**

This is also known as the signature page. Please take the time to read this section. It explains your rights and responsibilities as a PrEP DAP client. You must sign and date this page.

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