

Follow these instructions to fill out the Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) Confidential Application. The application has three sections. All three sections are required if you are a new applicant or if you are renewing (a return applicant).

Please fill out the application completely in ink or typed (do not use a pencil), and provide all required documentation. If you leave something out, PrEP DAP may have to send you a letter requesting the missing information, which could delay your eligibility. If you need help completing your application, please contact a Prevention Navigator (see page 4) in your area or contact PrEP DAP directly.

SECTION 1 - APPLICANT INFORMATION

Full Legal 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.

Proof of Legal Name: If you are new to PrEP DAP, you must provide proof of legal name. This proof can be a copy of your state-issued driver's license, ID or passport. It can be expired. If we do not get a copy of this proof, we will request it from you. This will delay your eligibility.

Social security number (SSN): Provide your SSN or mark the box that you do not have a SSN. This information is kept confidential. We collect it to make sure you are getting the right coverage.

Date of Birth: Provide your full date of birth (month/day/year).

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.

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

Are you a Veteran?: Check which box applies to you. This is for clients who have served in the United States military.

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.

Home Address: Give the address where you live. If you do not have a home address, complete the No Home Address Declaration.



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Proof of Washington Residency: If you give a home address, you must provide proof of Washington residency. If we do not receive a copy of this proof, we will request it from you. This will delay your eligibility. The documents we accept for proof of residency are:

- A valid WA State Driver License or ID Card
- Voter Registration Card
- Copy of Lease, Mortgage, or Rental Agreement
- Utility Bill in your name must be within the last 90 days (cell phone bills are not accepted)

No Home Address Declaration: This is only to be completed if you do not have a home address and are homeless. Please complete the statement in its entirety by telling us where you stayed last night and in what city. You will still need to provide a mailing address.

Mailing Address: All clients must give an address where you want to receive mail. 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 do not complete this section, we will mail all correspondence to the address listed as your home address. If you do not have a home address and completed the No Home Address Declaration, we will still require a mailing address from you. If this is incomplete, it will delay your eligibility.

Phone Number & Voicemail: Provide the phone number(s) where we can reach you. Check the box to let us know if we can leave a voicemail. If we call you and/or leave a message, we will give only our name and phone number.

Electronic Messaging: This section is asking if you would like to receive updates and reminders from PrEP DAP electronically

- Email:** Provide the email address you would like to receive messages from PrEP DAP
- Cell Phone with Area Code:** Choose a cell phone number you would like to get text messages from PrEP DAP
- Cell Phone Carrier:** Write the cell phone carrier for the cell phone number provided (Example: Verizon, Sprint, AT&T, etc.)

Application Assistant: If someone helped you apply for PrEP DAP, please list them here if you want us to notify them of your application status. (This is not a Prevention Navigator) You must provide either an email address or phone number to help us contact your assistant.

Patient Assistance Program: Patient Assistance Programs (PAPs) are programs to help pay for medications based on a financial need. This does not include PrEP DAP. If you have used a patient assistance program this year to help with the cost of your medication for PrEP, please indicate by checking the correct box which program(s) you have used.

PrEP Prescriber: Please tell us who your healthcare provider is that prescribes you PrEP. Please provide the provider's name, clinic where you see them, and their phone number.



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Prevention Navigator: Prevention Navigators are trained to help clients in accessing HIV prevention resources in your area. They can help you apply for PrEP DAP services or other services outside of PrEP DAP. You are not required to have a Prevention Navigator.

- If you have a prevention navigator, please provide their name, agency, and phone number so we can communicate with them about your eligibility and status.
- If you do not have one, leave this section blank.
- If you would like to get a prevention navigator, contact the agency that is closest to your location. A prevention navigator agency list can be found on the next page.

Income Information: PrEP DAP is not an income based program, however, we ask this question to help ensure that you are receiving all benefits that are available, this includes other Washington State and Federally funded programs. If you do not answer this question, it will not affect your eligibility with the program.



Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) Confidential Application Instructions

Cascade AIDS Project (CAP) SW Washington			
100 E 33rd Street STE 201B, Vancouver WA 98663	Main office: 360.750.7964	www.cascadeaids.org	
	Prevention Navigator		
Ben Meana*	360.768.5543	bmeana@cascaidaids.org	
Center for MultiCultural Health			
1120 E Terrace Street, Seattle WA 98122	Main office: 206.461.6910	www.multi-culturalhealth.org	
	Prevention Navigators		
Vanessa Grandberry (African American Focus)	206.461.6910 x212	vanessa@cschc.org	
Solomon Tsegaselliasie (Foreign Born Black Focus)	206.461.6910 x216	solomon@cschc.org	
Tina Abdul-Aziz, (Foreign Born Black Focus)	206.461.6910 x206	tina@cschc.org	
Ray Harris (African American Focus)	206.461.6910 x203	rayharris@cschc.org	
Entre Hermanos			
1105 23rd Avenue, Seattle WA 98122	Main office: 206.322.7700	www.entrehermanos.org	
	Prevention Navigator		
Joel Aguirre*	206.330.2047	joel@entrehermanos.org	
Sergio Miranda*	206.274.9956	sergio@entrehermanos.org	
Jessica Rosas*	206.274.8334	jessica@entrehermanos.org	
Gay City Health Project			
517 E Pike Street, Seattle WA 98122	Main office: 206.860.6969	www.gaycity.org	
	Prevention Navigators		
Luis Viquez *	206.388.1706	luis@gaycity.org	
Yahaira Arenas*	206.388.1708	yahaira@gaycity.org	
Lark Ballinger	206.486.1410	lark@gaycity.org	
Noah Frank	206.388.1709	noah@gaycity.org	
Ray Corona*	206.860.6969	ray@gaycity.org	
Harborview Medical Center - Madison Clinic			
325 9th Avenue – 2nd Floor – West Clinic, Seattle WA 98104	Main office: 206.520.5000	http://depts.washington.edu/idhmc/madison-clinic/patients/about-us/	
Veronica Monroy *	206.744.4815	monrov@uw.edu	
Lifelong			
	Main Office: 206.957.1600	www.lifelong.org	
Seattle Location			
1016 E Pike Street – 3rd Floor, Seattle WA 98102			
	Everett Location		
	3305 Oakes Ave STE 100, Everett WA 98201		
	Prevention Navigator		Location
Aaron Ness	206.957.1781	aaronn@lifelong.org	Everett
Tony Koester	206.957.1751	tonyk@lifelong.org	Seattle
Scott Hix	206.957.1690	scotth@lifelong.org	Seattle
Alyx Steadman	206.957.1639	alysx@lifelong.org	Seattle
Nicolas Swaner, Youth Program	206.957.1665	nicolass@lifelong.org	Seattle
Pierce County AIDS Foundation (PCAF)			
Tacoma Location			
3009 S 40th Street Tacoma WA 98409 Main Office: 253.383.2565			
	Olympia Location	www.piercecountyaid.org	
	2101 4th Ave E STE 102/103 Olympia WA 98409 Main Office: 360.352.2375		
	Prevention Navigator		Location
Jacob Lucas	253.597.4803	jucas@piercecountyaid.org	Olympia
Chace Hunter	253.597.4803	chunter@piercecountyaid.org	Tacoma
Nathan "Nate" Lee	253.722.0712	nlee@piercecountyaid.org	Tacoma
Lorenzo Cervantes*	253.722.0706	lcervantes@piercecountyaid.org	Tacoma
Lance Rivera-Toledo*	253.383.2565 x216	ltoledo@piercecountyaid.org	Tacoma
Seattle Counseling Service			
1216 Pine Street STE 300, Seattle WA 98101	Main office: 206.323.1768	www.seattlecounseling.org	
	Prevention Navigator		
Lindsay Garske	206.323.1768 x203	lindsayg@seattlecounseling.org	
Darrel Jernigan	206.323.1768 x319	darrelj@seattlecounseling.org	
Terry Jones	206.323.1768 x318	terryj@seattlecounseling.org	
Kevin Noonney	206.323.1768 x318	kevinn@seattlecounseling.org	
Brian Tacovelli	206.323.1768 x319	briant@seattlecounseling.org	
Spokane Regional Health District			
1101 W College Avenue, Spokane WA 99201	Main office: 509.324.1542	www.srhd.org	
	Prevention Navigator		
Katie Booher	509.324.1438	kbooher@srhd.org	



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Health Insurance Information: PrEP DAP needs to know what type of insurance coverage you have in order to provide you with the correct eligibility.

Do you have health insurance? You must mark yes or no. The application will be deemed incomplete if you do not answer this question, which will delay your eligibility.

- If you answer **yes**: Please mark each insurance type you have and send copies of your insurance card(s) (both front and back). Please enter the name of your coverage carrier and select if the plan has either prescription and/or medical coverage.

Authorized Representative: Fill in this section if you have a designated person you give permission to speak with PrEP DAP on your behalf. Give the person's first and last name, date of birth, and phone number and email address. The date of birth, phone number, or email address are only used to verify the person's identity when speaking about your coverage.

Risk Factors: To assist us in eligibility determination, please tell us which risk factors you identify with. You must answer each question completely. If you do not answer these questions, we will have to request it from you. This will delay your eligibility.

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. If we do not get a completed copy, we will request it from you. This will delay your eligibility.

SECTION 2 - HIV & HEALTH STATUS INFORMATION (HHSI) FORM:

*****This form is required each time you apply.** PrEP DAP must confirm your HIV and health status. You and your health care provider each fill out a section. For new applicants, the HIV – test date must be within the last 14 days, for renewing applicants the HIV – test date must be within the last 90 days. You may send the completed form to PrEP DAP with your application or ask your health care provider to send it directly to PrEP DAP. HIV status needs to be verified before eligibility can be granted. If we do not get a completed copy, we will request it from you. This will delay your eligibility.