



Early Intervention Program (EIP) Confidential Application Instructions

Follow these instructions to fill out the Early Intervention Program (EIP) Confidential Application. The application has three sections. Section 1 is required if you are a new, current, or returning client. Section 2 is needed if you are new to EIP. Section 3 is only necessary if you need help with insurance enrollment or premium assistance.

Please fill the application out completely in ink or typed (do not use a pencil), and provide all required documentation. If you leave something out, EIP may have to send you a letter requesting the missing information. This could delay your eligibility. If you need help completing your application, please speak to your HIV Medical Case Manager or call EIP.

SECTION 1 - APPLICANT INFORMATION

Full Legal Name: Give your legal name as shown on your state-issued ID or passport. Do not give your nickname or preferred name.

Proof of Legal Name: If you are new to EIP, you must provide proof of legal name. This proof can be a copy of your state-issued ID or passport. It can be expired. If you do not have this type of ID, talk to your HIV Medical Case Manager or contact EIP. If we do not get a copy of this proof, we will request it from you. This may delay your eligibility.

Social security number (SSN): Give your SSN or mark in 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.

Marital Status: Please select the correct marital status for you.

Date of Birth: Give 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.



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:

- An unexpired WA State Driver License or ID Card
- Voter Registration Card
- Copy of Lease, Mortgage, or Rental Agreement
- Utility Bill in your name (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 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, answer the "Yes" box for the "Is your mailing address the same as your residence?" question.

**If you do not complete this section, we will mail all correspondence to the address your home address. If you do not have a home address and completed the No Home Address Declaration, we will request it from you. This may 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. Your HIV status will remain confidential. If you do not want us to call you at work, please do not provide a work phone number.

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

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

Household Members: EIP uses the number of people in your household as one of the ways to determine if you are eligible. Your household includes you, a spouse, a registered domestic partner (RDP), dependents under the age of 19 who live with you, and anyone you claim on your federal taxes. If there is not enough space provided, please copy the household members section of application or attach a blank page with the necessary information.

Household Income Information: EIP counts the income your family receives, with a few exceptions. If you and your household members do not have income, please proceed to the "No Income Declaration."

Income Table: Please enter each income type you and your household members receive and specify who earns it. If more than one person receives the same type of income, please enter all names in the space provided.



*****You must send proof of all reported income.** Contact EIP if you are not sure what kind of proof to send. If we do not get what is needed, we may ask you for more information. This will delay your eligibility. We may have to verify your income through state records or ask for your Internal Revenue Service (IRS) records.

No Income Declaration: If you or your household members do not have any income, you must check the box in this section. Please read the declaration carefully.

Health Insurance Information: EIP needs to know what type of insurance coverage you have or need to provide you with the correct assistance.

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

- If you answer **yes**: Please mark each insurance type you have and send copies of your insurance card(s). Please enter the name of your coverage carrier and select if the plan has either prescription and/or medical coverage.
- If you answer **no**: Proceed to Dental Insurance Information.
- Would you like assistance paying the monthly premium?:** EIP is contracted with Evergreen Health Insurance Program (EHIP) to help with premium payments for eligible EIP clients. EHIP also assists clients with insurance enrollment.
 - If you answer **yes**: Please complete the EHIP enrollment form on page 8.
 - If you answer **no**: Please proceed to the next section.

Do you currently have Dental Insurance? You must select yes or no. The application will be deemed incomplete if you do not answer this question.

- If you answer **yes**: Enter the plan name. If you do not know your plan name, you can leave it blank.
- If you answer **no** – Please proceed to the next section.

Dental Insurance Information: EIP has a dental program for most clients, and can wrap around dental if you have private dental coverage (excluding Medicaid). However, if you live in King, Island or Snohomish County you may be eligible for the Lifelong Dental Program instead of dental through EIP.

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

HIV Medical Case Manager: HIV Medical Case Managers are content specialists trained to help HIV positive clients connect with EIP. They can help you apply for EIP services as well as help you get health insurance, disability income, or other services outside of EIP. You are not required to have a HIV Medical Case Manager.

- If you have a case manager, please provide their name, agency, phone number and email address 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 case manager, contact the agency that is closest to your location. A case management agency list can be found on the next page.



Case Management Agency	Counties Served	Location	Phone number
Benton-Franklin Health District	Benton and Franklin	W Okanogan Pl Kennewick, WA 99336	(509) 460-4235
Blue Mountain Heart to Heart	Walla Walla and Columbia	1520 Kelly Pl Ste 120 Walla Walla, WA 99362	(509) 529-4744
Cascade AIDS Project	Clark and Skamania	Vancouver, WA	(360) 750-7964
Coastal Community Action Program	Pacific and Grays Harbor	117 E 3 rd St Aberdeen, WA 98520	(360) 533-5100
Confluence Health	Chelan, Douglas, Grant, and Okanogan	820 N Chelan Ave Wenatchee, WA 98801	(509) 663-8711
Entre Hermanos	King	1105 23 rd Ave Seattle, WA 98122	(206) 322-7700
Harboview Madison Clinic	King	325 9 th Ave Seattle, WA 98104	(206) 744-5100
Kitsap County Health District	Kitsap, Jefferson, Clallam, and Mason	345 6 th St Bremerton, WA 98337	(360) 728-2235
Lifelong – Seattle	King	1016 E Pike St Seattle, WA 98122	(206) 957-1600
Lifelong Evergreen Wellness Advocates – Bellingham	Whatcom, Skagit, and San Juan	115 Unity St Ste 302 Bellingham, WA 98225	(360) 932-3420
Lifelong Evergreen Wellness Advocates - Everett	Snohomish and Island	3305 Oakes Ave Ste 100 Everett, WA 98201	(425) 219-4800
Lifelong Evergreen Wellnes Advocates – Longview	Cowlitz and Wahkiakum	1338 Commerce Ave Ste 212 Longview, WA 98632	(360) 932-3435
People of Color Against AID Network (POCAAN)	King	4437 Rainier Ave S Seattle, WA 98118	(206) 322-7061
Pierce County AIDS Foundation - Olympia	Thurston and Lewis	317 4 th Ave E Olympia, WA 98501	(360) 352-2375
Pierce County AIDS Foundation – Tacoma	Pierce and Mason	3009 S 40 th St Tacoma, WA 98409	(253) 383-2565
Spokane Regional Health District	Spokane, Ferry, Pend O'reille, Stevens, Whitman, Asotin, Lincoln, Adams, Okanogan, and Garfield	1101 W College Ave Spokane, WA 99201	(509) 324-1542
Yakima Valley Farm Workers New Hope Clinic	Yakima, Klickitat, and Kittitas	602 E Nob Hill Blvd Yakima, WA 98901	(509) 453-7144



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 an EIP client. You must sign and date this page. If we do not get a completed copy, we will request it from you. This may delay your eligibility.

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

*****This form is required if you are a new client.** EIP must confirm your HIV and health status. You and your health care provider each fill out a section. You may send the completed form to EIP with your application or ask your health care provider to send it directly to EIP. HIV status needed to be verified before eligibility can be granted.

SECTION 3 - EVERGREEN HEALTH INSURANCE PROGRAM (EHIP) ENROLLMENT FORM

This form only needs to be completed if you need assistance either enrolling into insurance or want EHIP to pay your insurance premiums.

Please check the box if you do not have insurance yet and need assistance enrolling.
- Or -

Please provide information on the plan you want EHIP to pay for.

EHIP needs to know the information for the coverage you want them to pay for. You must complete this section. This information can be found on the billing statement or from your HR department at your work. If the plan is a Qualified Health Plan in the Exchange, it can be found on the WA Healthplanfinder application you completed to enroll in your plan.

Authorization to Obtain Insurance Information

*****This section is required.** You must enter all the information requested. Please read the authorization completely then print and sign your name, date the page, and list your relationship to the client.

Authorization for Evergreen Health Insurance Program to Provide Services

*****This section is also required.** Please read the authorization completely then print and sign your name, date the page, and list your relationship to the client.