

DECLARATION OF INSURANCE INELIGIBILITY

Michigan Department of Health and Human Services
HIV Care Programs

The Ryan White Programs, the Michigan Drug Assistance Program and the Michigan Dental Program are required to rigorously document and vigorously pursue that the programs are a "Payor of Last Resort" for all services provided. With the implementation of the Affordable Care Act, Michigan residents have increased access to expanded types of insurance coverage. To ensure compliance with the *Federal Payor of Last Resort* requirements, clients without insurance are required to submit this completed form for every eligibility determination.

Applicant Information (Please print)

Legal Last Name	Middle Initial	Legal First Name
MIDAP Number (if applicable)	Social Security Number	
Date of Birth	Phone Number	
Street Address	Apartment #, Lot #, Suite #	
City	State	Zip Code

Declaration of Insurance Ineligibility

As an applicant to Ryan White Programs, the Michigan Drug Assistance Program, and/or the Michigan Dental Program, I attest that I am currently ineligible for any other form of health insurance coverage. If at any point my circumstances change, and I become eligible for health insurance coverage, I will take the necessary steps to ensure that I am enrolled in the appropriate health insurance plan. I will communicate my enrollment to Ryan White Programs, the Michigan Drug Assistance Program and/or the Michigan Dental Program.

Applicant's Printed Name	Applicant's Signature	Date
--------------------------	-----------------------	------

This declaration form is for client eligibility determination for the following: (check all that apply)

- Ryan White funded agency programs**, ensure a copy is saved in the client file.
- Michigan Drug Assistance Program** application processing, please mail or fax the completed declaration form along with the completed MIDAP application to the address/fax number listed below:
- Michigan Drug Assistance Program (MIDAP)
Phone: 888-826-6565 Fax: 517-335-7723
109 Michigan Avenue, 9th Floor, Lansing, MI 48913
- Michigan Dental Program** application processing, please mail or fax the completed MDP application to the address/fax number listed below:
- Michigan Dental Program (MDP)
Phone: 844-648-3384 Fax: 517-335-8697
109 Michigan Avenue, 8th Floor, Lansing, MI 48913

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.