

FY 2014
MIDAP CHECKLIST
Michigan Department of Community Health
HIV/AIDS Drug Assistance Program



Full Prescription Coverage or No Proof of Income

Apply for Medicaid

Date Applied _____

Co-pay Assistance (Private, Cobra, Employer Sponsored, QHP or VA)

Proof of Income

Copy of Prescription Card

Co-pay Assistance (Med D or Advantage)

Proof of LIS/Extra Help

Proof of Income

Copy of Prescription Card