MIDAP APPLICATION CHECKLIST	

Full Prescription Coverage
• No Insurance.
• DHS Pending.
• Medicaid Coverage Groups.
  ○ Medicaid Ineligible.
  ○ MOMS.
  ○ ESO.
  ○ Spenddown.
	☐ Proof of HIV Positive Status ***(for new applicants only).***
	☐ Proof of Residency.
	☐ Proof of applying for Medicaid.
	Date Applied: _____/_____/_____
	Tracking Number: _____

Co-pay Assistance • County Health Plan. • Employer Sponsored. • Indian Health Services. • Long-term Retirement Plan. • Medicare Part C. • Private-Individual Plan. • Qualified Health Plan. • VA/Tricare.	☐ Proof of HIV Positive Status ***(for new applicants only).*** ☐ Proof of Residency. ☐ Proof of Income. ☐ Copy of Prescription Card (both front and back). **Please Note:** If your Primary Insurance **does not cover HIV Medications**, an Explanation of Benefits (EOB) or a copy of the members Health Insurance Drug Formulary must be submitted with the application.
Copay Assistance • Medicare Part D.	☐ Proof of HIV Positive Status ***(for new applicants only).*** ☐ Proof of Residency. ☐ Proof of Income. ☐ Copy of Prescription Card (both front and back). ☐ Copy of LIS/Extra Help application and determination letter stating subsidy **(only for clients 150% of the FPL and below).** • Full Subsidy. • No Subsidy.