

(Organization Letterhead)

Dear PrEPDAP Staff:

This is in regards to my client: _____ DOB _____

In regards to income: (If available documentation does not meet PrEPDAP requirements for proof of income, please fill out this section. Please do not report SSI/SSDI income on this form. Application must include a recent copy of a benefit letter, check, or bank deposit for SSI/SSDI).

He/she does not receive any income from work or government assistance and is receiving financial support from _____. (indicate source of support, i.e. friends, family, community resources)

He/she is working, but has no formal record of payment. He/she is paid in cash and receives \$ _____ per _____. (indicate amount per week or month)

He/she has a gross income of \$ _____ per _____. Further proof of this income is forthcoming.

In regards to residence: (Must be a street address and must match address listed in residential address section on application).

He/she does not have written proof of residence. He/she is currently residing at:

Address line 1 _____ Apt # _____

Address line 2 _____

City/State/Zip code _____

He/she is homeless and does not have a permanent address. He/she is currently residing at:

City/State/Zip code _____

In regards to health insurance:

He/she has the following health insurance plan: _____.

He/she is expecting a change in insurance coverage over the next 12 months. Please give details: _____

He/she has an insurance plan subject to a deductible for pharmacy costs. The deductible is \$ _____. The client has met \$ _____ of the deductible. The plan year ends on _____.

Other (please explain):

Thank you,

Name of Case Manager _____

Signature _____ Date _____

To request a Word document version of this letter, please contact Community Resource Initiative's PrEPDAP Team at prepdap@accesshealthma.org or 617.502.1767