

**RYAN WHITE SERVICES ELIGIBILITY APPLICATION**  
KADAP (Kentucky AIDS Drug Assistance Program)  
KHICP (Kentucky Health Insurance Continuation Program)  
KHCCP (Kentucky HIV/AIDS Care Coordination Program)

**No Change/Report of Change Form**

I, \_\_\_\_\_, declare that there has been a change in my:  
(print name)

- Medical insurance
- Income
- Household size
- Kentucky residency (address)
- No changes

If you HAVE experienced a change in any of the items listed above, please complete the section of this form that applies to your situation. Sign and date this form at the bottom of the page and return it to the address below.

**A. Insurance coverage change:**

- My insurance information has changed.
- My insurance coverage has expired.

**A copy (both front and back) of my new health insurance card is attached to this form.** Additional insurance information is listed below:

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**B. Income change:**

- I have experienced a change in household income. My gross monthly income is \$ \_\_\_\_\_. This change was effective on \_\_\_\_\_.
- My spouse/partner has experienced a change in household income. Their gross monthly income is \$ \_\_\_\_\_. This change was effective on \_\_\_\_\_.

**\*Please provide proof of any income change.**

**C. Household size change:**

- I have experienced a change in household size. There are now \_\_\_\_\_ persons in my household, including \_\_\_\_\_ persons under the age of 18, as of \_\_\_\_\_.

**D. Address change:**

- I have moved. My new address is: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Please provide proof of this address.**

**Care Plan Review:**

- I have read/reviewed, understand, and agree with the Care Plan that is documented in my medical record. I agree to carrying out the tasks assigned to me to the best of my ability.
- I do not wish to participate in the Case Management program at this time.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail/Submit form to:** Eligibility Coordinator, Department for Public Health, 275 E. Main Street, HS2E-C, Frankfort, KY 40621-0001

08/31/2022