



AccessHealth MA HIV Drug Assistance Program (HDAP)

Houses of Correction (HOC) Program Application

Instructions

Please submit this application via fax (617-502-1703) or secure e-mail through AccessHealth MA's Zixcorp portal. Instructions for the Zixcorp portal can be found here: www.AccesshealthMA.org/Contact. Additional documents are no longer required to enroll clients in this program. If you have any questions about this application, please contact HDAP's Houses of Correction Manager at Jails@AccessHealthMA.org or 617-502-1723. The numbers below correspond to the numbered sections of the application.

1. Application Information:
 - a. Please provide the client's first name, last name, and date of birth. If the client has a valid Social Security number, please provide all nine digits of the number. If the client does not have a valid Social Security number, check the box next to 999-99-9999.
 - b. Please provide the date the client entered the HOC.
 - c. If the client was previously enrolled in HDAP and you know their 5-digit HDAP ID, please provide that information. If you do not know the client's HDAP ID, please leave that section blank.
2. Gender Identity: Please do not leave this section blank. If the client declines to disclose his/her/their gender identity, please check the box next to *Not Reported*.
3. Race and Ethnicity: Please fill out the client's self-reported race and ethnicity. If this information is not available or the client wishes not to report this, leave the section blank. The Houses of Correction Manager may follow up with staff to collect race and ethnicity data if this is left blank.
4. Client contact information: This section has been included to enhance AccessHealth MA's outreach efforts to released clients. Providing this information is optional. Please encourage clients to provide this contact information so that AccessHealth MA can better assist them with their post-release medication and health insurance needs. Applications without client contact information will not impact eligibility and will be processed.
5. Medical Information: Please have a clinician (MD, DO, PA, NP, RN) check the box next to *Client is HIV Positive* to verify the client's HIV status (only clients diagnosed with HIV are eligible for HDAP). The clinician also needs to sign, date, and provide a license number.
If lab results from the last twelve months are accessible, please list the results and provide the dates the labs were drawn. If labs are unavailable, please leave this section blank and submit the application (this will not impact the client's HDAP eligibility). Please provide lab results obtained while the client is incarcerated to the Houses of Correction Manager. The Houses of Correction Manager will also follow up with staff to obtain this information if it is not submitted on the application.
6. Attestation: Please check all the boxes in question 5. Please also write or type in the name of the HOC.
7. Please write or type the contact information and name of the HOC staff person assisting with the application. The person assisting with the application also needs to sign and date the application. A client signature is required. If a client is refusing to sign the application, please contact the Houses of Correction Manager.