

ADMISSION FORM

Client Name _____ SSN _____ DOB _____
 Phone/Text _____ Email _____ [circle preferred method]
 Address _____ Preferred Language _____
 Primary Medical/HIV Provider _____
 HIV Case Manager _____
 Other Providers [ADS, Mental Health, CD, Payee, Housing etc.] _____

Ryan White Client Eligibility Documentation:

Proof of Insurance

Provider One

If not in Provider One, please provide proof of all insurances, including all insurance cards or authorization letters relevant to payment of medications. Provide EIP letters for anyone who has it

Proof of Residency

Homeless

If not homeless, provide one of the following showing current address: unexpired WA Driver License or State ID, unexpired Tribal ID, recent utility bill, lease/rental agreement

Proof of Income

Zero Income

If not zero income, provide one or more of the following: benefit award letter, two most recent pay stubs, most recent tax return

OUTPATIENT PROGRAM

Please complete this form and fax to BBH Admissions along with the following:

Clinic Notes: Please provide comprehensive H&P including recent clinic note, allergies and HIV labs

Standing Orders: Please have these completed and return with the Admissions Form

Medication Prescriptions: As noted, medication management is required. See "How to Start Medication Management" on the Outpatient Admission page.

Referring Case Manager to discuss with client:

- Client meets ALL eligibility requirements
- Client understands that they are required to have ALL medications managed at BBH and see nursing a minimum of once weekly
- Client understands that bus pass will not be paid until medication management is started [unless client currently on no meds]

CHEMICAL DEPENDENCY OUTREACH PROGRAM

Please complete this form and fax to BBH Admissions along with the following information:

Clinic Notes: Please provide comprehensive H&P including recent clinic note, allergies and HIV labs

Proof of HIV: Please provide HIV verification

Where would client like to meet with counselor?

- Bailey-Boushay House
- Provider Office _____
- Hospital/ED _____
- Coffee shop _____
- Fast Food Restaurant _____
- Other: _____

Referring party to ensure client meets ALL eligibility requirements.