



PRE-EXPOSURE PROPHYLAXIS ASSISTANCE PROGRAM (PrEP-AP) TEMPORARY ACCESS PERIOD (TAP) REQUEST FORM

INSTRUCTIONS

This form is used to request a Temporary Access Period (TAP) for new PrEP-AP applicants or existing PrEP-AP clients who are unable to provide documentation to substantiate PrEP-AP eligibility. **An approved TAP grants the applicant 30-days of temporary PrEP-AP eligibility to obtain and submit required documentation to a certified PrEP-AP enrollment worker.** All sections of this form must be completed and the completed form must be attached to the applicant's electronic application within the ADAP Enrollment System (AES).

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____ Client ID Number: _____

MISSING INFORMATION

Select all that apply:

Proof of identification— I will provide my PrEP-AP enrollment worker with identification. If a minor is unable to furnish acceptable identification, the Request for Services Form can be used to establish their identity and status as a minor.

Proof of California Residency— I will provide my PrEP-AP enrollment worker with proof that I am a California resident.

Proof of HIV Negative Status— I qualify for the PrEP-AP because of my HIV negative status. I will provide my enrollment worker with a copy of the Gilead Patient Assistance Program (PAP) application signed by an authorized provider on the PrEP-AP Provider Network (required for uninsured clients only), or for insured clients, a letter from my physician, or negative results of an HIV test dated within six months.

Proof of Income— I will provide my PrEP-AP enrollment worker with proof of my household income.

Proof Applied for Medi-Cal and/or Proof of Medi-Cal Determination— I will apply for Medi-Cal, or I have applied for Medi-Cal but my determination is pending. I will provide my enrollment worker with proof that I applied to Medi-Cal and/or documentation showing my Medi-Cal eligibility determination.

***NOTE:** Minor clients only need to provide proof of identification and HIV negative status. Clients who have confidentiality concerns only need to provide proof of identification, HIV negative status, and California residency.*

CERTIFICATION

I certify that the above information is factual, accurate, and complete. I understand that program assistance will terminate if this medication is no longer prescribed for me. I understand that I have a 30-day Temporary Access Period in which to obtain and submit the necessary documentation indicated above to substantiate that I qualify for PrEP-AP, and that my PrEP-AP eligibility will not extend beyond 30 days if I fail to obtain and submit the required eligibility documentation before the Temporary Access Period expires. I also understand that PrEP-AP may request that I provide additional documentation if the documentation I submit appears to be inconsistent, inaccurate, or insufficient. I agree to promptly notify PrEP-AP of any changes to my eligibility information, including changes to my residency, income, and/or health coverage. I understand that failure to provide accurate information or deliberately omitting information may result in suspension or termination of PrEP-AP services and I may be held financially liable for any services obtained.

Applicant's Signature: _____ Date: _____

ADAP-Approved Designated Agent (if applicable): _____
(Print Full Name) (Signature)