



AIDS DRUG ASSISTANCE PROGRAM (ADAP) ELIGIBILITY EXCEPTION REQUEST (EER)

INSTRUCTIONS:

This form is used by a certified ADAP enrollment worker to request extended eligibility for an ADAP client who is on a 30-day Temporary Access Period (TAP) and is unable to obtain and submit required ADAP eligibility supporting documentation within the 30-day TAP timeframe. This form should be used prior to the expiration of a client's 30-day TAP. Please complete all sections then submit to ADAP, along with any supporting or follow-up documentation, by fax at (844) 421-8008 or by encrypted email to CDPHMedAssistFax@cdph.ca.gov. Completed forms are processed in 1 business day.

ADAP CLIENT INFORMATION:

(Current Date)

(ADAP ID Number)

(Client First Name)

(Client Last Name)

(Date of Birth)

(Social Security Number, if applicable)

ADAP ENROLLMENT WORKER INFORMATION:

(Enrollment Worker First Name)

(Enrollment Worker Last Name)

(Enrollment Worker ID Number)

(Enrollment Site Name and Number)

(Phone Number)

(Fax Number)

(Enrollment Worker Email Address)

REASON FOR ELIGIBILITY EXCEPTION:

Select one:

Missing or incomplete identification document(s)

Missing or incomplete residency document(s)

Missing or incomplete diagnosis document(s)

Missing or incomplete income document(s)

Client has a future employment start date within the next 30 days

Other (please explain):

QUESTIONS or COMMENTS:

Please contact the ADAP call center at (844) 421-7050
Monday through Friday, 8 a.m. — 5 p.m. (excluding holidays).