

## Arizona Ryan White and ADAP Application

### New Applicant Addendum (New Applicants Only)

<b>Name:</b> _____	<b>DOB (mm/dd/yy):</b> _____	<b>Date:</b> _____
<b>Refugee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What was your Country of Birth:</b> _____	
<b>Asylum Seeker?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What was your Country of Origin:</b> _____	
<b>Ethnicity</b> <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic Subgroup if applicable: _____	<b>Race (choose all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native Subgroup if applicable: _____	

Diagnosis Information
Date of HIV-positive diagnosis: ____/____/____ Is this date estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been told you have AIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of AIDS diagnosis: ____/____/____ Is this date estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Risk/Exposure Category (answer ALL questions)		
Have you ever had sex with a male?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had sex with a female?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever used injection (IV) drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been diagnosed with hemophilia/coagulation disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received a blood transfusion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received an organ transplant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you get HIV from your mother?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Diagnosis Documentation
New applicants must provide proof of their HIV-positive diagnosis. Documentation must have the applicant's full, legal name. Please attach to this application <b>one</b> of the documents listed below. <i>Check the box of which document is provided.</i>

Confirmed Diagnosis
<input type="checkbox"/> Supplemental testing to confirm HIV diagnosis
<input type="checkbox"/> Lab report that shows a detectable viral load by bDNA or PCR

**OR**

Preliminary Diagnosis
<input type="checkbox"/> Preliminary positive screening test <b>An authenticated lab report to confirm HIV diagnosis must be provided by the end of the following month</b>
<input type="checkbox"/> Other temporary proof of diagnosis (RWPA Only) <b>An authenticated lab report to confirm HIV diagnosis must be provided by the end of the following month</b>