



AIDS Drug Assistance Program MEDI-CAL ELIGIBILITY EXCEPTION REQUEST

INSTRUCTIONS:

This form is used by a certified AIDS Drug Assistance Program (ADAP) enrollment worker to request extended eligibility for an ADAP client who is on a 30-day Temporary Access Period (TAP) and who has applied for Medi-Cal but is still awaiting a Medi-Cal eligibility determination. 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:	(ADAD ID Novel on)
(Current Date)	(ADAP ID Number)
(Client First Name)	(Client Last Name)
(Date of Birth)	(Social Security Number, if applicable)
ADAP ENROLLMENT WORKER II	NFORMATION:
(Enrollment Worker First Name)	(Enrollment Worker Last Name)
(Enrollment Worker ID Number)	(Enrollment Site Name and Number)
(Phone Number)	(Fax Number)





REASON FOR MEDI-CAL ELIGIBILITY EXCEPTION:

on to the broken control of the broken contr
Select One:
Client has applied to Standard Medi-Cal (45-day determination period (recommended: attach proof of application to Medi-Cal)
Client has applied to Standard Medi-Cal based on a disability (90-day determination period) (recommended: attach proof of application to Medi-Cal)
Client was already granted 45-day or 90-day ADAP eligibility extension, but Medi-Cal determination is still pending (additional 30-day extension) (required: include a current letter from Medi-Cal indicating pending application status and reason for delayed processing)
Other (please explain below):

QUESTIONS or COMMENTS:

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