



**Massachusetts HIV Drug Assistance Program (HDAP)
and Comprehensive Health Insurance Initiative (CHII)
Application Form**

- Please print clearly and answer all questions. Review the attached instructions before you begin.
- Mail the completed application and supporting documentation to:

**Community Research Initiative of New England/HDAP
The Schrafft's City Center
529 Main Street, Suite 301
Boston, MA 02129**

- Or you may **fax** the application and supporting materials to **617.502.1703**.
- For help with this application, please call HDAP at **800.228.2714**.



Please note: applications that are not completely filled out or that are missing required documentation will be returned.

REMEMBER TO:

- Attach proof of Massachusetts residence
- Attach proof of your current income from all sources
- Attach a copy of your completed MassHealth paper application, the Results page of your Massachusetts Health Connector online application, or a MassHealth/Health Connector determination letter from within the past 12 months
- Include a copy of your health insurance card(s)
- Completely fill out Sections 1, 2, 3, 5, 6, and 8 of your HDAP/CHII application
- Have your provider fill out Section 4 of your HDAP/CHII application

CHII APPLICANTS ONLY:

- Fill out Section 7 of your HDAP/CHII application and attach a recent health insurance premium/bill/employee premium deduction letter

