

(Organization Letterhead)

Dear PrEPDAP Staff:

This is in regards to my client: \_\_\_\_\_ DOB \_\_\_\_\_

In regards to income: (If available documentation does not meet PrEPDAP requirements for proof of income, please fill out this section. Please do not report SSI/SSDI income on this form. Application must include a recent copy of a benefit letter, check, or bank deposit for SSI/SSDI).

He/she does not receive any income from work or government assistance and is receiving financial support from \_\_\_\_\_. (indicate source of support, i.e. friends, family, community resources)

He/she is working, but has no formal record of payment. He/she is paid in cash and receives \$ \_\_\_\_\_ per \_\_\_\_\_. (indicate amount per week or month)

He/she has a gross income of \$ \_\_\_\_\_ per \_\_\_\_\_. Further proof of this income is forthcoming.

In regards to residence: (Must be a street address and must match address listed in residential address section on application).

He/she does not have written proof of residence. He/she is currently residing at:

Address line 1 \_\_\_\_\_ Apt # \_\_\_\_\_

Address line 2 \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

He/she is homeless and does not have a permanent address. He/she is currently residing at:

City/State/Zip code \_\_\_\_\_

In regards to health insurance:

He/she has the following health insurance plan: \_\_\_\_\_.

He/she is expecting a change in insurance coverage over the next 12 months. Please give details: \_\_\_\_\_

He/she has an insurance plan subject to a deductible for pharmacy costs. The deductible is \$ \_\_\_\_\_. The client has met \$ \_\_\_\_\_ of the deductible. The plan year ends on \_\_\_\_\_.

Other (please explain):

\_\_\_\_\_

\_\_\_\_\_

Thank you,

Name of Case Manager \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To request a Word document version of this letter, please contact Kevin Herwig at 617.502.1737 or [KHerwig@crine.org](mailto:KHerwig@crine.org)**