

DECLARATION OF RESIDENCY/NO INCOME OR SUPPORT/INSURANCE INELIGIBILITY
Michigan Department of Health and Human Services

Current Residence (Please print)

Legal Last Name	Middle Initial	Legal First Name
MIDAP Number (if applicable)		Social Security Number
Date of Birth	Phone Number	
Street Address	Apartment #, Lot #, Suite #	
City	State	Zip Code

This declaration form is for client eligibility determination for the following: (check all that apply)

- Declaration of Residency**
By signing this form, I hereby certify that the residence listed above is the primary residence for the applicant listed below. *I understand that this form **must** be signed by a third party who cannot be a member of my household.*
- Declaration of No Income or Support**
By signing this form, I hereby certify that I have no source of income or additional support. If at any point my circumstances change where I receive an income or support, I will communicate this change to the Ryan White Programs, the Michigan Drug Assistance Program, and/or the Michigan Dental Program.
- Declaration of Insurance Ineligibility**
As an applicant to Ryan White Programs, the Michigan Drug Assistance Program, and/or the Michigan Dental Program, I attest that I am currently ineligible for any other form of health insurance coverage. If at any point my circumstances change, and I become eligible for health insurance coverage, I will take the necessary steps to ensure that I am enrolled in the appropriate health insurance plan. I will communicate my enrollment to Ryan White Programs, the Michigan Drug Assistance Program and/or the Michigan Dental Program.

The Ryan White Programs, the Michigan Drug Assistance Program and the Michigan Dental Program are required to rigorously document and vigorously pursue that the programs are a "Payer of Last Resort" for all services provided. With the implementation of the Affordable Care Act, Michigan residents have increased access to expanded types of insurance coverage. To ensure compliance with the Federal Payer of Last Resort requirements, clients without insurance are required to submit this completed form for every eligibility determination.

Certification

Applicant's Printed Name	Applicant's Signature	Date
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Third Party Signature for Residency Only

Third Party Printed Name	Third Party Signature	Date	Third Party Phone Number
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This declaration form is for client eligibility determination for the following: (check all that apply)

- Ryan White funded agency programs**, ensure a copy is saved in the client file.
- Michigan Drug Assistance Program** application processing, please mail or fax the completed declaration form along with the completed MIDAP application to the address/fax number listed below:
Michigan Drug Assistance Program (MIDAP)
Phone: 888-826-6565 Fax: 517-335-7723
109 Michigan Avenue, 9th Floor, Lansing, MI 48913
- Michigan Dental Program** application processing, please mail or fax the completed MDP application to the address/fax number listed below:
Michigan Dental Program (MDP)
Phone: 844-648-3384 Fax: 517-763-0220
109 Michigan Avenue, 5th Floor, Lansing, MI 48913

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.