

REQUEST FOR PROGRAM ADMISSION

When Applying for HASA Admission Determination submit HIV / AIDS Services Administration (HASA) Request for Program Admission form # W-488X.

When applying for HASA Admission Determination requiring Home Care Services submit the M-11q.

Social Security #

Patient Name (Print) Sex Race Ethnicity Date of Birth

Permanent Address No. and Street Borough Zip Code Telephone #**1. Medical Information:**

Primary Diagnosis (explain: e.g., HIV Positive, Symptomatic AIDS)

Date of Diagnosis

Secondary Diagnosis

Date of Diagnosis

Additional Diagnosis

Date of Diagnosis

TB Status: ☐ No History ☐ PPD+ ☐ History Treatment Complete ☐ Active Non-Infectious ☐ Directly Observed Therapy

2. Medication(s):

3. Reason(s) for Referral: ☐ Services (Case Management) ☐ Benefits (PA/MA/FS) ☐ Housing ☐ Other _____

4. Household Composition: ☐ Individual (Adults only in H/H) ☐ Family (Children Under Age 18 in H/H)

5. Physician:

Name (Print)

Phone #

License #

Signature**6. Social/Case Worker:**

Name (Print)

Phone #

Agency or Institution

7. Request for Admission package completed: _____

Attached are completed form(s) {check all that apply}: ☐ W-488X ☐ M11q