

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