

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.

_____	_____	_____	_____	_____
Patient's Chosen Name (Print)	Gender	Pronoun	Race	Ethnicity
_____	_____		_____	
SSA Name (If different from chosen name)	Social Security #		Date of Birth	
_____	_____	_____	_____	
Permanent Address No. and Street	Borough	Zip Code	Telephone #	
Address Type: <input type="checkbox"/> Private House <input type="checkbox"/> Emergency Housing <input type="checkbox"/> Supportive Housing <input type="checkbox"/> Private Apt.				
<input type="checkbox"/> NYCHA Apt. <input type="checkbox"/> DHS Shelter				

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: <input type="checkbox"/> No History <input type="checkbox"/> PPD+ <input type="checkbox"/> History Treatment Complete <input type="checkbox"/> Active Non-Infectious	
<input type="checkbox"/> Directly Observed Therapy	

2. Medication(s):

3. Reason(s) for Referral: Services (Case Management) Benefits (PA/MA/FS)
(check all that apply) 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 completion date: _____