



AIDS Services Access Program
Preliminary Phone Assessment
Intake Checklist

Applicant's Name: _____ Date: _____

1. Applicant's contact telephone number: _____

a. Is it OK for us to call at this number with information? Yes No

b. Is it OK to leave a message on voicemail at this number? Yes No

2. What is/are applicant's need(s)?

3. Documents needed prior to appointment:

a. Proof of HIV/AIDS status (note from doctor or copy of labs)

1. Applicant needs to sign HIPAA authorization consent form (DOH-2557, 2/2011)

b. Proof of income, if any (e.g.: 1 month pay stub from employer; SSI or SSD award letter; unemployment; insurance).

c. Proof of ID

1. Does applicant need assistance with obtaining **Social Services**? (i.e.: birth certificate will be needed if applicant requires **Social Services** assistance) Yes No

4. Verify that personal and financial information can be provided for *household members*.

5. Offer directions to Thursday's Child.

6. Schedule appointment (*leave enough time to allowed processing of application*).

Appointment set for: Date: _____ Time: _____

Thursday's Child, Inc., 80 Terry Street, Patchogue, NY 11772

Phone 631-447-5044 ♦ Fax 631-447-2494

www.ThursdaysChildofLI.org