Marion County Public Health Department Ryan White HIV Services
Program Core and Support Services Referral

MARION COUNTY PUBLIC HEALTH DEPARTMENT

Prevent. Promote. Protect.

MARION COUNTY PUBLIC HEALTH DEPARTMENT
RYAN WHITE HIV SERVICES PROGRAM CORE AND SUPPORT SERVICES REFERRAL

DATE REFERRAL COMPLETED	RWSP APPLICATION EXPIRATION DATE (6 MONTHS FROM EFFECTIVE DATE)	RWSP ID#:

APPLICANT INFORMATION

First Name:	M.I:	Last Name:
Preferred First Name:	**M.I:**	**Preferred Last Name:**

Date of birth (as stated on state ID): ___ ___ /___ ___ /___ ___ ___ ___	Social Security Number:	Phone number:

Gender: ☐ **Male** ☐ **Female** ☐ **Transgender**
☐ **Male to Female**
☐ **Female to Male**

Sex at Birth: ☐ **Male** ☐ **Female**

Referred Services (Funded Site):

Description of requested services:

Primary Case Management/Care Coordination site:

☐ Concord Center ☐ The Damien Center ☐ IU Health Methodist-LifeCare ☐ Step-Up ☐ Eskenazi Health-IDC

First & Last name of Primary Care Coordinator/Case Manager: _____

Telephone Contact Number for Primary Care Coordinator/Case Manager: _____

Need for Linguistic Services for requested service: Yes ☐ **No** ☐

If Yes, please submit another referral for Linguistic Services

MEDICAL INSURANCE					RW Staff Approval
Coverage (Yes/No)	**Type of Medical Insurance**	**Applied Date** (Month/Day/Year)	**Effective Start Date** (Month/Day/Year)	**Effective End Date** (Month/Day/Year)	