

For LA HAP Staff Use Only

Reviewer's Initials _____

Data Entry's Initials _____

Date Complete Form Received: _____

Date Changes Updated: _____

LOUISIANA HEALTH ACCESS PROGRAM (LA HAP) DISENROLLMENT FORM

Please print clearly. If you need help completing this form, please contact LA HAP at 504-568-7474. The form may be mailed to 1450 Poydras St, Suite 2136, New Orleans, LA 70112 or faxed to 504-568-3157.

Complete this form if you or your client is an active LA HAP member who no longer needs any LA HAP services.

LA HAP services include both LDAP (insurance drug copays and deductibles and uninsured drug costs) and HIP services (insurance premiums and insurance medical copays and deductibles).

First Name:**Last Name:****Date of Birth:**

____/____/____

I no longer need any LA HAP services at this time. *Please check reason below.*

☐ **I have moved or I am moving out of Louisiana.**

To which state: _____ Date moved or moving: ____/____/____

☐ **I have full Medicaid (Healthy Louisiana) coverage.**

Date full Medicaid coverage began: ____/____/____

☐ **My household income is over 500% of the Federal Poverty Income Guideline.**

Number of people in your household: _____ Gross Annual Household Income: \$_____

☐ **This client is deceased.**

Date of death: ____/____/____ State of death, if not Louisiana: _____

☐ **This client is incarcerated in a state facility. CONTACT OFFICE OF PUBLIC HEALTH CORRECTIONS STAFF AT 225-342-2120 TO VERIFY INCARCERATION STATUS BEFORE SUBMITTING THIS FORM.**

Date of incarceration: ____/____/____

ADDITIONAL COMMENTS (if applicable)

CURRENT PROVIDER INFORMATION (case manager, social service staff, etc.) (if applicable)

PRINT first and last name of Provider

Provider phone number

Provider entity/agency name

Provider fax number

Remember that you or your client may re-apply for LA HAP at any time. Requirements for LA HAP are as follows:

- Positive HIV diagnosis
- Annual Modified Adjusted Gross Income of 500% of the Federal Poverty Income Guideline or less
- Louisiana state residency
- Not receiving and not eligible to receive full Medicaid (Healthy Louisiana) benefits