

RICKY RAY HEMOPHILIA RELIEF FUND PETITION DOCUMENTATION CHECKLIST

To determine the documentation you need to complete your petition, please check those options below that apply to you, and provide the documentation as described. Also, all petitions must be filled out completely and signed under penalty of perjury.

CHECK BOX	CATEGORY OF ELIGIBILITY	REQUIRED DOCUMENTATION
1. PERSONS WITH HIV		
<input type="checkbox"/>	<p>The individual with a blood-clotting disorder and HIV.</p> <p>An HIV infected individual who has a blood-clotting disorder, such as hemophilia, who was treated with antihemophilic factor at any time during the period from July 1, 1982, to December 31, 1987, in any state of the United States of America, the District of Columbia, U.S. territories, commonwealths, and possessions, or at any diplomatic area or military installation of the United States.</p>	<p>Medical documentation showing that the individual with a blood-clotting disorder and HIV:</p> <p>(1) has a blood-clotting disorder, such as hemophilia;</p> <p>(2) was treated with antihemophilic factor at any time between July 1, 1982, and December 31, 1987; and</p> <p>(3) has an HIV infection.</p> <p>This medical documentation may be submitted in the following forms:</p> <p>(a) copies of relevant portions of medical records, records maintained by a doctor, nurse, or other licensed health care provider, test results, prescription information, or other documentation possibly deemed credible by the Secretary (e.g., infusion logs and packing slips); or</p> <p>(b) an affidavit, signed under penalty of perjury, by a doctor or nurse practitioner, verifying that the medical criteria necessary for a petitioner to be eligible for payment under the Act are satisfied. The affidavit must include the doctor's or nurse practitioner's state and license number. The affidavit is contained in Appendix B.</p>

If you have any questions, go to the Ricky Ray web-site, www.hrsa.gov/bhpr/rickyray, or call the toll-free number, 1-888-496-0338.