

CHECK BOX	CATEGORY OF ELIGIBILITY	REQUIRED DOCUMENTATION
<b>PERSONS WITH HIV (Continued)</b>		
<input type="checkbox"/>	<p><b>The child with HIV</b> who acquired an HIV infection through perinatal transmission from a mother who is the former lawful spouse of an individual with a blood-clotting disorder and HIV.</p>	<p><b>Medical documentation showing that the individual with a blood-clotting disorder and HIV:</b></p> <ol style="list-style-type: none"> <li>(1) has (or had) a blood-clotting disorder, such as hemophilia;</li> <li>(2) was treated with antihemophilic factor at any time between July 1, 1982, and December 31, 1987; and</li> <li>(3) has (or had) an HIV infection.</li> </ol> <p><b>Medical Documentation showing that the child with HIV:</b></p> <ol style="list-style-type: none"> <li>(1) has an HIV infection; and</li> <li>(2) acquired an HIV infection through perinatal transmission from a birth mother who is/was the former lawful spouse with HIV.</li> </ol> <p><b>Medical documentation showing that the mother with HIV:</b> with reasonable certainty contracted HIV from the individual with a blood-clotting disorder and HIV.</p> <p>The required medical documentation may be submitted in the following forms:</p> <ol style="list-style-type: none"> <li>(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</li> <li>(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.</li> </ol> <p><b>Legal documentation:</b></p> <ol style="list-style-type: none"> <li>a) A birth certificate or other proof showing that the child with HIV is the child of the mother with HIV; and</li> <li>b) A marriage certificate or other proof showing that the man with the blood-clotting disorder and HIV and the mother with HIV were lawfully married.</li> </ol>

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