Public Health
IOWA HHS

ADAP Jail Assistance Application Instructions

The accompanying application should be used to request medications through the Jail Assistance Program administered by the AIDS Drug Assistance Program (ADAP) at the Iowa Department of Health and Human Services (HHS). Applicants must have a documented HIV diagnosis to qualify. All medications dispensed through the ADAP Jail Assistance Program are considered property of the applicant and must be sent home with the applicant upon their release from the jail.

The applicant is only required to sign the first application of their incarceration period to consent to have their information submitted to the ADAP Jail Assistance Program. Any remaining applications until the applicant is ischarged will only require the jail staff's signature. If an applicant is discharged from jail and returns at a later date, they will need to sign the first application of the new incarceration period.

Each approved application will authorize one 30-day supply of the medication(s) requested on the application. The jail should submit one application for each 30-day supply as needed. The ADAP formulary listing all excluded medications can be found on the Ryan White section of HHS's website at https://hhs.iowa.gov/hivstihep/hiv/support

All medications administered through the Jail Assistance Program will be dispensed and mailed to the jail by the ADAP contract pharmacy, NuCara Specialty Pharmacy. If an applicant leaves the jail before the requested medications arrive in the mail, the jail should contact the ADAP office via the ADAP administrative email: adap.administrator@idph.iowa.gov. **Emails including applicant names or other identifying information must be sent securely.**

ADAP must verify an applicant's HIV diagnosis before an application can be approved. The ADAP office will reach out to the jail if the ADAP is unable to obtain a verification of diagnosis from the HHS HIV Surveillance office. In rare cases, the jail may need to coordinate with the ADAP for diagnostic testing to be completed.

If the applicant has an active prescription, NuCara Specialty Pharmacy will request the prescription from the pharmacy listed on the application. If the applicant does not have an active prescription, it is the jail's responsibility to coordinate new prescriptions. Please send new prescriptions to:

NuCara Specialty Pharmacy
5042 Maple Dr.
Pleasant Hill, IA 50327
Phone: 515-266-4167 **Fax:** 515-265-5431 **Email:** nsp@nucara.com

Completed applications should be securely emailed to adap.administrator@idph.iowa.gov or faxed to the ADAP office at (515) 281-0466. Once received, a confirmation email or fax will be sent via the preferred method indicated on the application. Jail Assistance applications will be prioritized to reduce gaps in medication. Once approved, the ADAP will send notification to the contact person listed on the application. NuCara Specialty Pharmacy will call the contact person for required medication consultation and confirm the mailing address for the meds.

Questions can be directed to adap.administrator@idph.iowa.gov. **Emails including applicant names or other identifying information must be sent securely.**

Fax to ADAP Office at 515-281-0466 or secure email adap.administrator@idph.iowa.gov.

Updated February 2023

Applicant Information

Name					
Date of Birth		**SSN**		**Sex at Birth**	☐ Male ☐ Female
Gender	☐ Male ☐ Female ☐ Transgender M to F ☐ Transgender F to M				
Estimated Release	☐ 1-7 days ☐ 8-30 days ☐ 30+ days ☐ Unknown				
State in Which Applicant Received HIV Diagnosis					
Ethnicity	☐ Hispanic **Subgroup** (if Hispanic)**:** ☐ Mexican, Mexican American, Chicano/a ☐ Cuban ☐ Puerto Rican ☐ Another Hispanic, Latino/a, or Spanish Origin ☐ Non-Hispanic ☐ Prefer not to answer				
Race	☐ White ☐ Black or African American ☐ Multi-racial ☐ Asian **Subgroup** (if Asian)**:** ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other ☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander **Subgroup** (if Native Hawaiian/Other P.I.)**:** ☐ Native Hawaiian ☐ Samoan ☐ Guamanian or Chamorro ☐ Other Pacific Islander ☐ Other/Prefer not to answer				

Medication Request

Name of Medication(s)				
Days of Meds Left as of __ /__ /_____:				
Does the applicant have a current prescription?	☐ Yes ☐ No			
If yes:	Pharmacy Name		Pharmacy Phone	
If no:	A new prescription must be sent to NuCara Pharmacy, see Instructions for contact information.			
Does the applicant have insurance?	☐ Yes ☐ No insurance			
If yes:	Does the applicant consent to ADAP using insurance?	☐ Yes ☐ No		

Jail Information

Facility Name			
Contact Name		**Contact Phone**	
Contact Email ☐ Email preferred		**Contact Fax** ☐ Fax preferred	
Mailing Address for Prescription(s)			

By signing this form, the jail staff signifies that the cost of HIV-related medications presents a significant hardship for the county or that the costs of medications will be passed on to the applicant. Additionally, jail staff agree that the medications provided by the ADAP are property of the applicant and will be sent with the applicant upon release or transfer.

Signature of Jail Staff:_____ **Date:** _____

Signature of Applicant to authorize HIV related information to be released to Iowa HHS

(only required for first application)**:** _____ **Date:** _____

Fax to ADAP Office at 515-281-0466 or secure email adap.administrator@idph.iowa.gov