



## How to Get a User Account

### Request Account

To request a User Account to access the Web Site, go to the Centralized Intake and Eligibility Determination (CIED) program at Broward Regional Health Planning Council (BRHPC).

The CIED Eligibility Specialist will start the process and you will receive an email message when your User Account setup has been initiated.

### Confirm Request

After your User Account setup has been initiated, you will receive an email message with confirmation instructions similar to the message below.



**Broward County Web User Account Request Confirmation**  
browardadmin@brhpc.net

03/06/2019 09:23 AM  
[Show Details](#)

Your request for a Web User Account has been initiated.

In order to confirm for us that you have received this message please copy the URL below and paste it into your Internet Browser. A screen will appear for you to enter your email address again and the verification Code shown below. Once this is done you will receive another email with your initial password to log on to the site.

URL for Confirmation:

<https://browardwparta.providecm.net/Account/VerifyWithCode>

Confirmation Code:

18531C0E

Visit the URL listed in the message, where you will be prompted to enter your email address or cell phone number (which ever method of communication you selected) and the Confirmation Code listed in the message.

Verify Your Account

Verification Type	<input type="text"/>
Email Address or Phone	<input type="text"/>
Verification Code	<input type="text"/>



## Log On

After your User Account setup request has been confirmed you will receive an email message similar to the one displayed below with your initial password and instructions for logging in with the User Name that was selected with the CIED Eligibility Specialist.

**User Account Verified**

Thank you for confirming your email address associated with your Web User Account Setup Request. Your user account for the FL Eligibility Assessment website has been successfully confirmed and is now submitted to Florida Health the FL ADAP Program/s for approval. Once approved or rejected, an email will be sent to you.



**Broward County Web User Account Request Approved**  
 browardadmin to: eric

03/06/2019 10:13 AM  
[Show Details](#)

Your email request for a Web User Account to help simplify and speed the process of applying for and/or reapplying for Broward County Ryan White Part A programs has been approved. Please return to the Web site at <https://browardwparta.providecm.net> and click on the Log On link to sign on.

Your initial password has been set to the value below:

vwSrBzEt

. Copy this initial password and paste it into the Password field on the Log On screen.

To Log On either click on the button from the Confirmation screen or the top button on the site homepage.



**This site may be used for recertification in the Broward County Ryan White Part A Program.**

The Ryan White Part A Program provides primary medical care and essential support services for people who are insured or underinsured and living with HIV/AIDS. The Ryan White Part A Program may be able to help you if you are HIV positive and in need of the following services:

- Medical
- Pharmacy
- Case Management
- Medical Case Management
- Dental
- Substance Abuse
- Health Insurance Continuation Program
- Mental Health
- Legal Services
- Food Services

For more information on how to receive Broward County Ryan White Part A services, contact the Broward Regional Health Planning Council to speak with an Eligibility Specialist at 954-566-1417.

To log-in to your account or sign up for a user account	<a href="#">CLICK HERE</a>
For information on accessing Ryan White Part A Services	<a href="#">CLICK HERE</a>
Forms required for your recertification	<a href="#">CLICK HERE</a>
For technical assistance	<a href="#">CLICK HERE</a>



**Sign Up for a User Account**

If you do not have a User Account, please contact your Ryan White Part A Centralized Intake and Eligibility Determination specialist at 954-566-1417.

**Log On**

Please enter your Username and Password.

User Name

Password

If you forgot your User Name [click here](#)  
If you forgot your Password [click here](#)

You will be prompted to select account security questions with answers, then choose a new password.

**Security Questions and Answers**

Security Question1

Security Answer1

Security Question2

Security Answer2

Security Question3

Security Answer3

**Change Password**

New passwords are required to be a minimum of 6 characters in length.

Current password

New password

Confirm new password

Each time you log on after this, you will be prompted with a question to answer. If you ever forget your password or security question answers you may contact CIED and they will reset your account, which will restart the process outlined in this document.



Account Security Question

What school did you attend for sixth grade?

Submit

If you forget your User Name or Password you may also use the links on the bottom of the Log On screen to recover them.

Log On

Please enter your Username and Password.

User Name

Password

Log On

If you forgot your User Name [click here](#).

If you forgot your Password [click here](#).

Forgot User Name

Please enter your email address below to retrieve your User Name.

Email Address

Continue

Forgot Password

Please enter your User Name below to retrieve your password.

User Name

Continue



## How to Enter a Recertification

### Start Recertification

After you have logged on to the site, two new “boxes” will appear at the top of the screen; “To complete your recertification” and “To check the status of your submitted recertification”. The first is where you click when you want to enter a recertification for your eligibility or to reengage in the Ryan White Part A Program. The second is where you click to check on the status of your last submitted recertification.



**This site may be used for recertification in the Broward County Ryan White Part A Program.**

To complete recertification on this site, the following forms of documentation are required:

1. **Proof of Broward County Residency** (must be current/not expired with applicant's name & current address) +
2. **Proof of Income** (must bring all that apply to applicant and household members). +
3. **Proof of Health Insurance Coverage** (if applicable). +

For more information on acceptable documentation, contact the Broward Regional Health Planning Council to speak with an Eligibility Specialist at 954-566-1417.

Welcome **EJW456!**

[Log Off](#)   [Change Password](#)   [Change Security Question/Answer](#)

To complete your recertification	<a href="#">CLICK HERE</a>
To Submit Additional Documentation	<a href="#">CLICK HERE</a>
To check the status of your submitted recertification	<a href="#">CLICK HERE</a>
For technical assistance	<a href="#">CLICK HERE</a>

When you click on the “To complete your recertification” button a screen will appear with an Agreement and Acknowledgement form, followed by a Rights and Responsibilities agreement. Please read through these releases in full and click on the “Accept” button at the bottom of both pages if you wish to proceed and enter a recertification. If you do not consent, click the “Do Not Accept” button on either page, and you will be returned to the Home Page. You may only proceed with entering a recertification if you “Accept” the documents. If you do not, please contact the Centralized Intake and Eligibility Determination (CIED) program at Broward Regional Health Planning Council (BRHPC).

After accepting the documents, a recertification form will be opened. It will be automatically filled in with the latest information that the Ryan White Part A program has for you. Please review the recertification in detail and make any corrections or changes to ensure that the information on the recertification is current and correct.

The next section outlines the recertification in detail.

## Recertification Completion

The recertification consists of nine tabs as shown below. Click on a tab name (Main, Demographics, Address, etc.) at the top of the form to switch between tabs. As you review each tab to fill in and correct information there are a few hints to using the form:

- A field that is required to be filled in will have the field label (the text describing what is to be entered) highlighted in bold text. See “Legal Last Name” which is required while “Legal Middle Initial” is not required.

<b>Main</b>	Demographics	Address	Household	Employment	Income	Benefits	Insurance	Medical
-------------	--------------	---------	-----------	------------	--------	----------	-----------	---------

**Alert**

All fields that are Bold must be filled out.  
 Do Not use the Back Arrow at the top of the browser page.  
 Do Not use the enter key to navigate fields.

---

**Applicant Identification**

Legal Last Name:	<b>Test</b>
Legal First Name:	Eric
Legal Middle Initial:	
Name Suffix:	
Current Gender:	Male
Gender at Birth:	Male

- A blue bubble icon to the right of a field can be hovered over with your mouse to display additional help information in a pop-up dialog. See the pop-up help text for the “Wages, salaries, tips etc.” field on the Income tab.

Employment	<b>Income</b>	Benefits	Insurance	Medical
------------	---------------	----------	-----------	---------

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ne in the household that is a dependent of you or you are a dependent of.

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<p><b>Wages, salaries, tips, etc. (Form W-2):</b> <input type="text" value="\$0.00"/></p> <p><b>Taxable interest (1099-INT form):</b> <input type="text" value="\$0.00"/></p> <p><b>Tax-exempt interest (Form 1099-INT box 8):</b> <input type="text" value="\$0.00"/></p> <p><b>Ordinary Dividends (1099-DIV box 1a):</b> <input type="text" value="\$0.00"/></p> <p><b>Exempt Interest Dividends (Form 1099-INT box 10):</b> <input type="text" value="\$0.00"/></p> <p><b>Taxable refunds of state/local income taxes:</b> <input type="text" value="\$0.00"/></p>	?	<p><b>Definition</b></p> <p>Include the total monthly income that the applicant and any legal household members receive from Wages or Salary's (W-2), Tip income, and any disability pension benefits received prior to meeting minimum age requirement. Note: Documentation is required for all household income reported on the Income Tab</p>
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- A field with a drop-down arrow is one where you must select a value from the list of options presented.

- A field that requires a date to be entered can be directly typed in (MM/DD/YYYY) or you can select from the calendar that pops up when you enter the field.

Insurance

Medical

---

HIV Stage of Disease:

Dated Date HIV Diagnosed:

in Antiretroviral Therapy?

Reason not on ARV:

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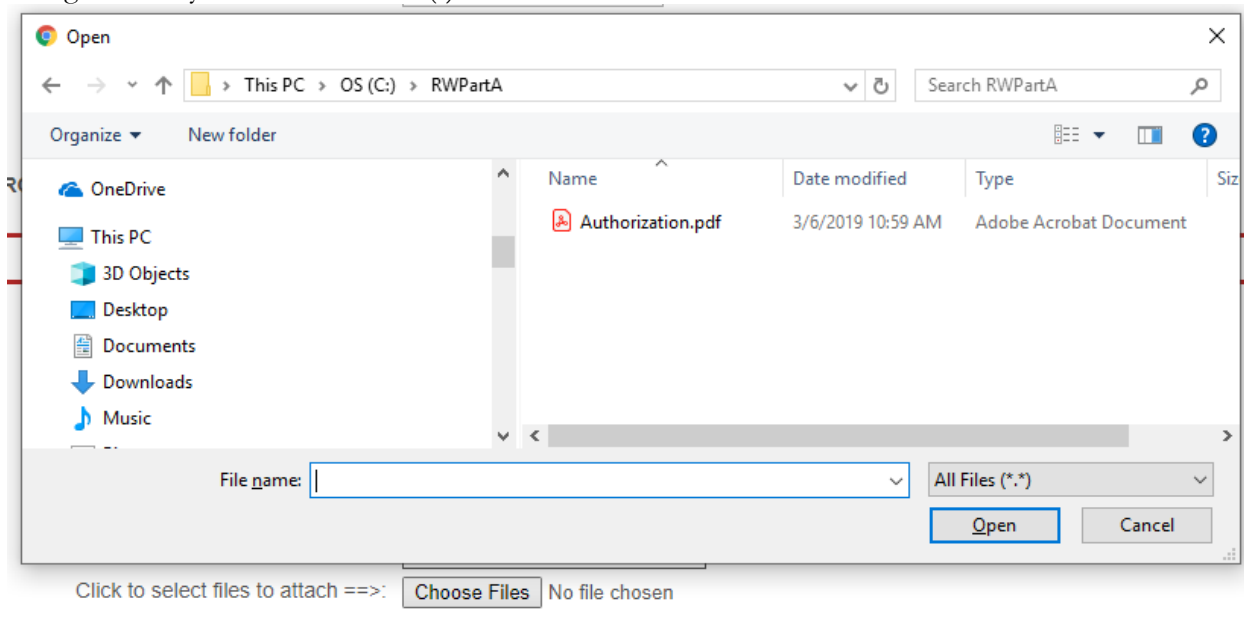
CD4 Count Lab Results?

Ant Viral Load lab results?

March 2019

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

A field that is designed for you to upload a PDF or scanned image file will appear with the “Click to select files to attach” label. When you click the “Choose Files” button your computer will present a dialog to allow you to select the file(s) to be attached.



- After selecting the file, you will see it listed by the Choose Files button.

Click to select files to attach ==>:

Choose Files

Authorization.pdf

- Sometimes a value entered in one field will cause the screen to display other field(s). For example, if the “Race” field has the “Asian” checkbox checked, then an “Asian – Check all that apply” field will appear as shown below.

Main	<b>Demographics</b>	Address	Household	Employment	Income	Benefits	Insurance	Medical
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Demographics

Race - Check all that apply:

- Alaskan Native
- American Indian
- Asian
- Black or African American
- Native Hawaiian
- Pacific Islander
- White

Asian - Check all that apply:

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Other
- Vietnamese

Ethnicity: Non-Hispanic Latino/a

Haitian? Yes

Veteran? Yes

Country Of Origin: United States of America

Citizenship: U.S. Citizen

Primary Language: English

Migrant Worker?

Preferred Written Communications Language: English

Tobacco Use?

Marital Status: Single

Here is the form without “Asian” checked in the Race checkbox.

Main	<b>Demographics</b>	Address	Household	Employment	Income	Benefits	Insurance	Medical
------	---------------------	---------	-----------	------------	--------	----------	-----------	---------

Demographics

Race - Check all that apply:

- Alaskan Native
- American Indian
- Asian
- Black or African American
- Native Hawaiian
- Pacific Islander
- White

Ethnicity: Non-Hispanic Latino/a

Haitian? Yes

Veteran? Yes

Country Of Origin: United States of America

Citizenship: U.S. Citizen

Primary Language: English

Migrant Worker?

Preferred Written Communications Language: English

Tobacco Use?

Marital Status: Single





- The Household tab has a special “accordion”-style layout. If the “# of Additional Household Members” value is greater than zero, a sub section tab will be added for each additional household member so you can enter their information.

Main	Demographics	Address	<b>Household</b>	Employment	Income	Benefits	Insurance	Medical
------	--------------	---------	------------------	------------	--------	----------	-----------	---------

**Alert**

Input information for all members of household.

**Household**

# of Additional Household Members:

▼ Contact 1

First Name:

Last Name:

Relationship to Client:

Date Of Birth:

Okay to Speak with?:

Is this person aware of your HIV status?:

▶ Contact 2

▶ Contact 3

Main	Demographics	Address	<b>Household</b>	Employment	Income	Benefits	Insurance	Medical
------	--------------	---------	------------------	------------	--------	----------	-----------	---------

**Alert**

Input information for all members of household.

**Household**

# of Additional Household Members:

▶ Contact 1

▼ Contact 2

First Name:

Last Name:

Relationship to Client:

Date Of Birth:

Okay to Speak with?:

Is this person aware of your HIV status?:

▶ Contact 3

- Some fields have values populated automatically and are therefore read-only; these field values have a gray background to indicate that they may not be edited directly. For example, the Main tab “Legal Last Name” field.

<b>Main</b>	Demographics	Address	Household	Employment	Income	Benefits	Insurance	Medical
-------------	--------------	---------	-----------	------------	--------	----------	-----------	---------

---

**Alert**

All fields that are Bold must be filled out.  
 Do Not use the Back Arrow at the top of the browser page.  
 Do Not use the enter key to navigate fields.

---

**Applicant Identification**

Legal Last Name:

Legal First Name:

Legal Middle Initial:

Name Suffix:

Current Gender:

Gender at Birth:

## Recertification Submission

Use the buttons above the tab menu to submit or cancel your recertification.

<b>Main</b>	Demographics	Address	Household	Employment	Income	Benefits	Insurance	Medical
-------------	--------------	---------	-----------	------------	--------	----------	-----------	---------

When you click the “Submit Recertification” button the information you entered will be checked for validation. If there are any validation errors, they will be displayed in a blue section to the right of the recertification form, listed per tab – these must be corrected before your recertification submission is saved. For example, if a recertification was attempted to be submitted but had validation errors on the Household and Insurance tabs.

Main	Demographics	Address	Household	Employment	Income	Benefits	Insurance	<b>Medical</b>
------	--------------	---------	-----------	------------	--------	----------	-----------	----------------

**HIV Status**

HIV Stage of Disease:

Estimated Date HIV Diagnosed:

Are you currently on Antiretroviral Therapy?

Reason not on ARV:

**Lab Results**

Will you be attaching your most recent CD4 Count Lab Results?

Will you be attaching your most recent Viral Load lab results?

**Please fix the following errors:**

**Household**

- First Name: This field is required.
- Last Name: This field is required.
- Relationship to Client: This field is required.
- Okay to Speak with?: This field is required.
- Is this person aware of your HIV status?: This field is required.

**Insurance**

- Private Status: This field is required.
- Dental Status: This field is required.

When you submit your recertification and there are no validation errors you will be presented with a success message, containing your confirmation code. You may print the screen using the “Print” button or make a note of your confirmation code; it can be used in the future to check the status of the submitted recertification.

**Recertification Submission Successful**

Your Recertification has been successfully submitted. Your confirmation code is: **1002**

Please print and keep a copy of this page for future reference. Your recertification has been submitted but it appears to be missing the following documentation:

- Proof of Residency
- Proof of Income
- A copy of your most recent HIV Viral Load
- A copy of your most recent CD4 Count

You have 45 business days to submit all the missing documentation listed above.

After your recertification has been submitted you may use the third button in the main menu on the home page to check its status.

**This site may be used for recertification in the Broward County Ryan White Part A Program.**

To complete recertification on this site, the following forms of documentation are required:

1. **Proof of Broward County Residency** (must be current/not expired with applicant's name & current address). +
2. **Proof of Income** (must bring all that apply to applicant and household members). +
3. **Proof of Health Insurance Coverage** (if applicable). +

For more information on acceptable documentation, contact the Broward Regional Health Planning Council to speak with an Eligibility Specialist at 954-566-1417.

Welcome **EJW456!**

[Log Off](#)

[Change Password](#)

[Change Security Question/Answer](#)

To complete your recertification

[CLICK HERE](#)

To Submit Additional Documentation

[CLICK HERE](#)

To check the status of your submitted recertification

[CLICK HERE](#)

For technical assistance

[CLICK HERE](#)

**Assessment Status**

Your Eligibility Assessment has been received and is in queue for processing.

[Home](#)



## Cómo obtener una cuenta de usuario

### Solicitar una cuenta

Para solicitar una cuenta de usuario y acceder al sitio, diríjase al programa de Determinación de Elegibilidad y Admisión Centralizada (CIED) en el Consejo Regional de Planificación de Salud de Broward (BRHPC).

Un Especialista en Elegibilidad del CIED comenzará el proceso y usted recibirá un mensaje de correo electrónico cuando su configuración de cuenta de usuario haya sido iniciada.

### Confirmar la solicitud

Después de que se haya iniciado la configuración de su cuenta de usuario, recibirá un correo electrónico con instrucciones de confirmación similar al mensaje de abajo.



Broward County Web User Account Request Confirmation  
browardadmin to: enic

03/06/2019 09:23 AM  
[Show Details](#)

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In order to confirm for us that you have received this message please copy the URL below and paste it into your Internet Browser. A screen will appear for you to enter your email address again and the verification Code shown below. Once this is done you will receive another email with your initial password to log on to the site.

URL for Confirmation:

<https://browardwparts.providecm.net/Account/VerifyWithCode>

Confirmation Code:

18531C0E

Visite el URL indicado en el mensaje, en el que se le solicitará que ingrese su dirección de correo electrónico o número de teléfono celular (dependiendo del método de comunicación que haya seleccionado) y el código de confirmación enumerado en el mensaje.

Verify Your Account

Verification Type	<input type="text"/>
Email Address or Phone	<input type="text"/>
Verification Code	<input type="text"/>



## Inicie sesión

Después de que su solicitud de configuración de cuenta de usuario haya sido confirmada, recibirá un correo electrónico similar al que se muestra abajo, en el que se incluyen su contraseña inicial e instrucciones para iniciar sesión con el nombre de usuario que fue seleccionado con el Especialista de Elegibilidad del CIED.

**User Account Verified**

Thank you for confirming your email address associated with your Web User Account Setup Request. Your user account for the FL Eligibility Assessment website has been successfully confirmed and is now submitted to Florida Health the FL ADAP Program/s for approval. Once approved or rejected, an email will be sent to you.

[Log On](#) [Home](#)



**Broward County Web User Account Request Approved**  
browardadmin to: eric

03/06/2019 10:13 AM  
[Show Details](#)

Your email request for a Web User Account to help simplify and speed the process of applying for and/or reapplying for Broward County Ryan White Part A programs has been approved. Please return to the Web site at <https://browardrwparte.providecm.net> and click on the Log On link to sign on.

Your initial password has been set to the value below:

vmSrBzEt

. Copy this initial password and paste it into the Password field on the Log On screen.

Para iniciar sesión, puede hacer clic en el botón en la pantalla de confirmación o en el botón superior en la página de inicio del sitio.



### This site may be used for recertification in the Broward County Ryan White Part A Program.

The Ryan White Part A Program provides primary medical care and essential support services for people who are insured or underinsured and living with HIV/AIDS. The Ryan White Part A Program may be able to help you if you are HIV positive and in need of the following services:

- Medical
- Pharmacy
- Case Management
- Medical Case Management
- Dental
- Substance Abuse
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- Mental Health
- Legal Services
- Food Services

For more information on how to receive Broward County Ryan White Part A services, contact the Broward Regional Health Planning Council to speak with an Eligibility Specialist at 954-566-1417.

To log-in to your account or sign up for a user account

[CLICK HERE](#)

For information on accessing Ryan White Part A Services

[CLICK HERE](#)

Forms required for your recertification

[CLICK HERE](#)

For technical assistance

[CLICK HERE](#)



**Sign Up for a User Account**

If you do not have a User Account, please contact your Ryan White Part A Centralized Intake and Eligibility Determination specialist at 954-566-1417.

**Log On**

Please enter your Username and Password.

User Name

Password

If you forgot your User Name [click here](#)  
If you forgot your Password [click here](#)

Se le solicitará que seleccione unas preguntas y respuestas de seguridad para su cuenta, luego seleccionará una nueva contraseña.

**Security Questions and Answers**

Security Question1

Security Answer1

Security Question2

Security Answer2

Security Question3

Security Answer3

**Change Password**

New passwords are required to be a minimum of 6 characters in length.

Current password

New password

Confirm new password

Todas las veces en las que inicie sesión después de esto se le solicitará que responda a una pregunta. Si alguna vez olvida su contraseña o las respuestas a sus preguntas de seguridad puede contactar al CIED y ellos reiniciarán su cuenta, lo que dará inicio nuevamente al proceso que se describe en este documento.



Account Security Question

What school did you attend for sixth grade?

Submit

Si olvida su nombre de usuario o contraseña también puede utilizar los enlaces en la parte inferior de la pantalla de inicio de sesión para recuperarlos.

Log On

Please enter your Username and Password.

User Name

Password

Log On

If you forgot your User Name [click here](#).

If you forgot your Password [click here](#).

Forgot User Name

Please enter your email address below to retrieve your User Name.

Email Address

Continue

Forgot Password

Please enter your User Name below to retrieve your password.

User Name

Continue



## Cómo introducir una recertificación

### Iniciar una recertificación

Después de haber iniciado sesión en la página, dos nuevos “recuadros” aparecerán en la parte superior de la pantalla; indicando “Para completar su recertificación” y “Para verificar el estatus de una recertificación que ya se ha enviado”. El primer recuadro es el que debe marcar cuando quiere introducir una recertificación para su elegibilidad o para volverse a inscribir en el Programa Parte A de Ryan White. El segundo recuadro debe marcarse para verificar el estatus de la última solicitud de recertificación enviada.



This site may be used for recertification in the Broward County Ryan White Part A Program.

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3. Proof of Health Insurance Coverage (if applicable). +

For more information on acceptable documentation, contact the Broward Regional Health Planning Council to speak with an Eligibility Specialist at 954-566-1417.

Welcome **EJW456!**

Log Off    Change Password    Change Security Question/Answer

To complete your recertification	<a href="#">CLICK HERE</a>
To Submit Additional Documentation	<a href="#">CLICK HERE</a>
To check the status of your submitted recertification	<a href="#">CLICK HERE</a>
For technical assistance	<a href="#">CLICK HERE</a>

Al hacer clic en el botón de “Para completar su recertificación”, aparecerá una pantalla con el formulario de Conformidad y Reconocimiento, seguido por un acuerdo de Derechos y Responsabilidades. Por favor, lea estos avisos completamente y haga clic en el botón de “Aceptar” en la parte inferior de ambas páginas si desea proceder e introducir una recertificación. Si no desea ofrecer su consentimiento, haga clic en el botón de “No acepto” y se le devolverá a la página de inicio. Solamente puede proceder con la introducción de la recertificación si “Acepta” los documentos. Si no los acepta, por favor contacte con el programa de Determinación de Elegibilidad y Admisión Centralizada (CIED) en el Consejo Regional de Planificación de Salud de Broward (BRHPC).

Después de aceptar los documentos, se abrirá un formulario de recertificación. Se llenará automáticamente con la última información que el programa Parte A de Ryan White tiene sobre usted. Por favor, revise la recertificación con detalles y haga cualquier corrección o cambio necesario para asegurar que la información de la recertificación esté actualizada y correcta.



En la siguiente sección se esboza la recertificación con más detalles.

## Proceso para completar la recertificación

La recertificación consiste en nueve pestañas, como se muestra abajo. Haga clic en el nombre de la pestaña (Principal, Aspectos demográficos, Dirección, etc.) en la parte superior del formulario para cambiar entre las diferentes pestañas. Al revisar cada pestaña para rellenarla y corregir la información, le dejaremos algunas pistas para el uso del formulario:

- Los campos que deben rellenarse obligatoriamente tendrán el texto del campo de la etiqueta resaltado en negritas (el texto que describe la información a ingresar). Por ejemplo, “Apellido legal” es un campo obligatorio, mientras que “Inicial del segundo nombre” no es obligatorio.

Submit Recertification Cancel

**Main** Demographics Address Household Employment Income Benefits Insurance Medical

**Alert**

All fields that are Bold must be filled out.  
Do Not use the Back Arrow at the top of the browser page.  
Do Not use the enter key to navigate fields.

**Applicant Identification**

Legal Last Name: **Test**

Legal First Name: **Eric**

Legal Middle Initial:

Name Suffix:

Current Gender: Male

Gender at Birth: Male

- Puede pasar el ratón sobre el ícono con la burbuja azul a la derecha de un campo para mostrar información adicional de ayuda en un cuadro de diálogo emergente. Vea el texto de ayuda en el recuadro emergente del campo de “Sueldos, salarios, propinas, etc.” en la pestaña de Ingresos.

Employment	<b>Income</b>	Benefits	Insurance	Medical	
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ne in the household that is a dependent of you or you are a dependent of.

Wages, salaries, tips, etc. (Form W-2):	<input type="text" value="\$0.00"/>
Taxable interest (1099-INT form):	<input type="text" value="\$0.00"/>
Tax-exempt interest (Form 1099-INT box 8):	<input type="text" value="\$0.00"/>
Ordinary Dividends (1099-DIV box 1a):	<input type="text" value="\$0.00"/>
Exempt Interest Dividends (Form 1099-INT box 10):	<input type="text" value="\$0.00"/>
Taxable refunds of state/local income taxes:	<input type="text" value="\$0.00"/>

**Definition**

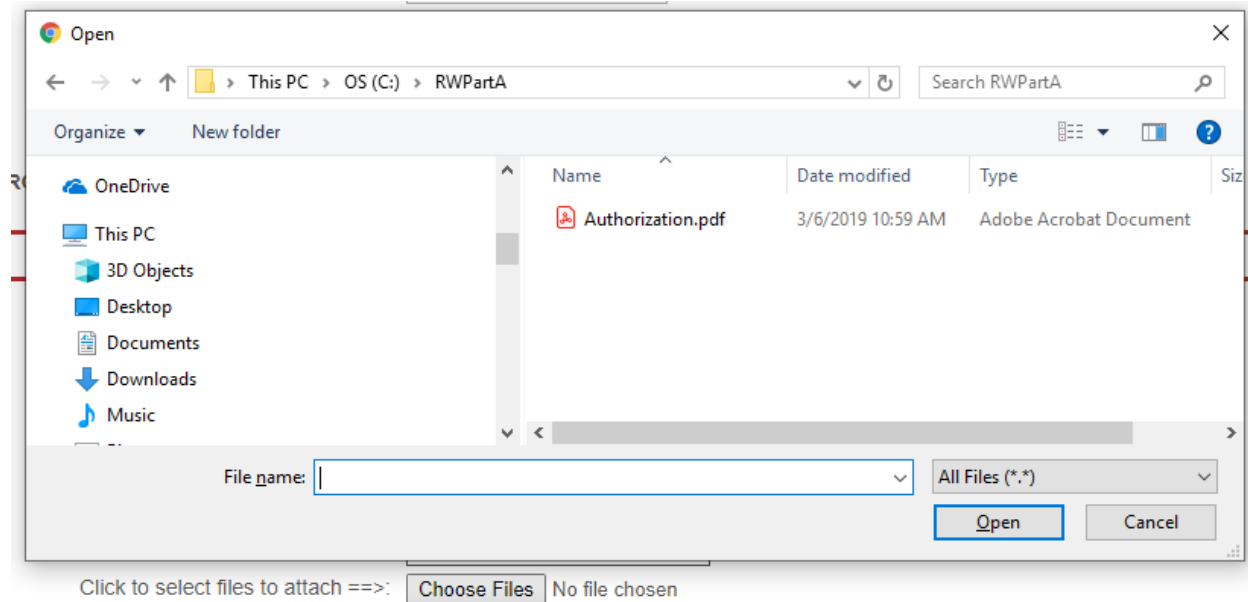
Include the total monthly income that the applicant and any legal household members receive from Wages or Salary's (W-2), Tip income, and any disability pension benefits received prior to meeting minimum age requirement. Note: Documentation is required for all household income reported on the Income Tab

- En los campos con una flecha desplegable debe seleccionar un valor de la lista de opciones que se presenta.
- En los campos en los que se requiera ingresar una fecha puede escribirla directamente en formato (MM/DD/AAAA) o puede seleccionarla en el calendario que aparece cuando toca el campo.

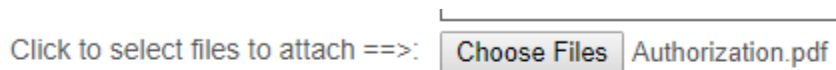
Insurance	<b>Medical</b>				
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HIV Stage of Disease:	<input type="text"/>																																																									
ated Date HIV Diagnosed:	<input type="text" value="___/___/___"/>																																																									
in Antiretroviral Therapy?	<input type="text"/>																																																									
Reason not on ARV:	<input type="text"/>																																																									
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th colspan="7">March 2019</th> </tr> <tr> <th>Su</th> <th>Mo</th> <th>Tu</th> <th>We</th> <th>Th</th> <th>Fr</th> <th>Sa</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> </tr> <tr> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> </tr> <tr> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> </tr> <tr> <td>23</td> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> </tr> <tr> <td>30</td> <td>31</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			March 2019							Su	Mo	Tu	We	Th	Fr	Sa							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
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: CD4 Count Lab Results?	<input type="text"/>																																																									
nt Viral Load lab results?	<input type="text"/>																																																									

En los campos que están diseñados para cargar un PDF o un archivo de imagen escaneada aparecerá una etiqueta de “Hacer clic para seleccionar archivos para adjuntar”. Al hacer clic en el botón de “Elegir archivos”, su computador presentará un diálogo para permitirle seleccionar los archivos para adjuntar.



- Después de seleccionar el archivo, lo verá enumerado cerca del botón de Elegir archivos.



- A veces, un valor ingresado en un campo hará que la pantalla muestre otros campos. Por ejemplo, si se marca el recuadro de “Asiática” en el campo de “Raza”, aparecerá el campo de “Asiática - Marque todas los que apliquen” como se muestra abajo.

Main	<b>Demographics</b>	Address	Household	Employment	Income	Benefits	Insurance	Medical
------	---------------------	---------	-----------	------------	--------	----------	-----------	---------

Demographics

Race - Check all that apply:

- Alaskan Native
- American Indian
- Asian
- Black or African American
- Native Hawaiian
- Pacific Islander
- White

Asian - Check all that apply:

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Other
- Vietnamese

Ethnicity: Non-Hispanic Latino/a

Haitian? Yes

Veteran? Yes

Country Of Origin: United States of America

Citizenship: U.S. Citizen

Primary Language: English

Migrant Worker?

Preferred Written Communications Language: English

Tobacco Use?

Marital Status: Single

Este es el formulario sin haber marcado “Asiática” en el recuadro de Raza.

Main	<b>Demographics</b>	Address	Household	Employment	Income	Benefits	Insurance	Medical
------	---------------------	---------	-----------	------------	--------	----------	-----------	---------

Demographics

Race - Check all that apply:

- Alaskan Native
- American Indian
- Asian
- Black or African American
- Native Hawaiian
- Pacific Islander
- White

Ethnicity: Non-Hispanic Latino/a

Haitian? Yes

Veteran? Yes

Country Of Origin: United States of America

Citizenship: U.S. Citizen

Primary Language: English

Migrant Worker?

Preferred Written Communications Language: English

Tobacco Use?

Marital Status: Single

- La pestaña de vivienda tiene un formato especial con estilo “acordeón”. Si el valor de “# de miembros adicionales en el hogar” es más que cero, una pestaña de subsección será agregada para cada miembro adicional del hogar, para que ingrese su información.

Main	Demographics	Address	<b>Household</b>	Employment	Income	Benefits	Insurance	Medical
------	--------------	---------	------------------	------------	--------	----------	-----------	---------

**Alert**  
 Input information for all members of household.

**Household**  
 # of Additional Household Members:

▼ Contact 1

First Name:

Last Name:

Relationship to Client:

Date Of Birth:

Okay to Speak with?

Is this person aware of your HIV status?

► Contact 2

► Contact 3

Main	Demographics	Address	<b>Household</b>	Employment	Income	Benefits	Insurance	Medical
------	--------------	---------	------------------	------------	--------	----------	-----------	---------

**Alert**  
 Input information for all members of household.

**Household**  
 # of Additional Household Members:

► Contact 1

▼ Contact 2

First Name:

Last Name:

Relationship to Client:

Date Of Birth:

Okay to Speak with?

Is this person aware of your HIV status?

► Contact 3

- Algunos campos tienen valores que se llenan automáticamente y por lo tanto su formato es de solamente lectura; estos valores se presentan con un fondo gris para indicar que no pueden editarse directamente. Por ejemplo, en la pestaña principal el campo de “Apellido legal”.

<b>Main</b>	Demographics	Address	Household	Employment	Income	Benefits	Insurance	Medical
-------------	--------------	---------	-----------	------------	--------	----------	-----------	---------

**Alert**

All fields that are Bold must be filled out.  
 Do Not use the Back Arrow at the top of the browser page.  
 Do Not use the enter key to navigate fields.

**Applicant Identification**

Legal Last Name:

Legal First Name:

Legal Middle Initial:

Name Suffix:

Current Gender:

Gender at Birth:

## Envío de la recertificación

Utilice los botones arriba del menú de pestañas para enviar o cancelar su recertificación.

<b>Main</b>	Demographics	Address	Household	Employment	Income	Benefits	Insurance	Medical
-------------	--------------	---------	-----------	------------	--------	----------	-----------	---------

Quando haga clic en el botón de “Enviar recertificación” la información ingresada será revisada para su validación. Si hay errores de validación, se mostrarán en una sección en azul a la derecha del formulario de recertificación, enumerados por pestaña - estos errores deben corregirse antes de guardar el envío de recertificación. Por ejemplo, si se intentó hacer una recertificación, pero la misma tuvo errores de validación en las pestañas de Vivienda y Seguro.

<b>Main</b>	Demographics	Address	Household	Employment	Income	Benefits	Insurance	<b>Medical</b>
-------------	--------------	---------	-----------	------------	--------	----------	-----------	----------------

**HIV Status**

HIV Stage of Disease:   
 Estimated Date HIV Diagnosed:   
 Are you currently on Antiretroviral Therapy?   
 Reason not on ARV:

**Lab Results**

Will you be attaching your most recent CD4 Count Lab Results?   
 Will you be attaching your most recent Viral Load lab results?

**Please fix the following errors:**

**Household**

- First Name: This field is required.
- Last Name: This field is required.
- Relationship to Client: This field is required.
- Okay to Speak with?: This field is required.
- Is this person aware of your HIV status?: This field is required.

**Insurance**

- Private Status: This field is required.
- Dental Status: This field is required.

Cuando envíe la recertificación y no haya errores de validación aparecerá un mensaje de éxito, que contendrá su código de confirmación. Puede imprimir la pantalla utilizando el botón de “Imprimir” o anotar su código de confirmación; puede ser utilizado en el futuro para verificar el estatus de la recertificación enviada.

**Recertification Submission Successful**

Your Recertification has been successfully submitted. Your confirmation code is: **1002**

Please print and keep a copy of this page for future reference. Your recertification has been submitted but it appears to be missing the following documentation:

- Proof of Residency
- Proof of Income
- A copy of your most recent HIV Viral Load
- A copy of your most recent CD4 Count

You have 45 business days to submit all the missing documentation listed above.

[Print](#)   [Home](#)

Después de haber enviado su recertificación, puede utilizar el tercer botón en el menú principal en la página de inicio para verificar su estatus.

**This site may be used for recertification in the Broward County Ryan White Part A Program.**

To complete recertification on this site, the following forms of documentation are required:

1. **Proof of Broward County Residency** (must be current/not expired with applicant's name & current address). +
2. **Proof of Income** (must bring all that apply to applicant and household members). +
3. **Proof of Health Insurance Coverage** (if applicable). +

For more information on acceptable documentation, contact the Broward Regional Health Planning Council to speak with an Eligibility Specialist at 954-566-1417.

Welcome **EJW456!**

[Log Off](#)   [Change Password](#)   [Change Security Question/Answer](#)

To complete your recertification	<b>CLICK HERE</b>
To Submit Additional Documentation	<b>CLICK HERE</b>
To check the status of your submitted recertification	<b>CLICK HERE</b>
For technical assistance	<b>CLICK HERE</b>

**Assessment Status**

Your Eligibility Assessment has been received and is in queue for processing.

[Home](#)





## Kijan pou gen yon kont itilizatè

### Mande yon kont

Pou mande yon kont itilizatè pou jwenn aksè ak sit entènèt la, ale sou pwogram Admisyon Santralize ak Detèminasyon Kalifikasyon (Centralized Intake and Eligibility Determination, CIED) nan Konsèy Rejyonal Planifikasyon Sante nan Broward (Broward Regional Health Planning Council, BRHPC) la.

Espesyalis Kalifikasyon CIED a ap kòmanse pwosesis la e w ap resevwa yon imèl lè konfigirasyon kont itilizatè w la kòmanse.

### Konfime demann

Aprè konfigirasyon kont itilizatè w la fin kòmanse, w ap resevwa yon imèl ki gen enstriksyon konfimasyon yo ki sanble ak mesaj anba a.



Broward County Web User Account Request Confirmation  
browardadmin to: etic

03/06/2019 09:23 AM  
[Show Details](#)

Your request for a Web User Account has been initiated.

In order to confirm for us that you have received this message please copy the URL below and paste it into your Internet Browser. A screen will appear for you to enter your email address again and the verification Code shown below. Once this is done you will receive another email with your initial password to log on to the site.

URL for Confirmation:

<https://browardwparts.providecm.net/Account/VerifyWithCode>

Confirmation Code:

18531C0E

Ale sou URL (lyen) ki mansyone nan mesaj la, kote y ap mande w pou antre adrès imèl ou oswa nimewo telefòn selilè ou (kèlkeswa metòd komunikasyon ou chwazi a) epi kòd konfimasyon ki mansyone nan mesaj la.

Verify Your Account

Verification Type	<input type="text"/>
Email Address or Phone	<input type="text"/>
Verification Code	<input type="text"/>



## Konekte

Aprè demann konfigirasyon kont itilizatè w la fin konfime, w ap resevwa yon imèl ki sanble ak sa ki afiche anba a ki gen modpas inisyal ou a ak enstriksyon sou jan pou konekte avèk non itilizatè a ki te chwazi avèk Espesyalis Kalifikasyon CIED a.

User Account Verified

Thank you for confirming your email address associated with your Web User Account Setup Request. Your user account for the FL Eligibility Assessment website has been successfully confirmed and is now submitted to Florida Health the FL ADAP Program/s for approval. Once approved or rejected, an email will be sent to you.

[Log On](#) [Home](#)



**Broward County Web User Account Request Approved**  
browardadmin to: eric

03/06/2019 10:13 AM  
[Show Details](#)

Your email request for a Web User Account to help simplify and speed the process of applying for and/or reapplying for Broward County Ryan White Part A programs has been approved. Please return to the Web site at <https://browardrwparta.providecm.net> and click on the Log On link to sign on.

Your initial password has been set to the value below:

vwSrBzEt

. Copy this initial password and paste it into the Password field on the Log On screen.

Pou konekte, klike sou bouton nan ekran konfimasyon an oswa bouton pa anlè nan paj dakèy sit la.



### This site may be used for recertification in the Broward County Ryan White Part A Program.

The Ryan White Part A Program provides primary medical care and essential support services for people who are insured or underinsured and living with HIV/AIDS. The Ryan White Part A Program may be able to help you if you are HIV positive and in need of the following services:

- Medical
- Pharmacy
- Case Management
- Medical Case Management
- Dental
- Substance Abuse
- Health Insurance Continuation Program
- Mental Health
- Legal Services
- Food Services

For more information on how to receive Broward County Ryan White Part A services, contact the Broward Regional Health Planning Council to speak with an Eligibility Specialist at 954-566-1417.

To log-in to your account or sign up for a user account

[CLICK HERE](#)

For information on accessing Ryan White Part A Services

[CLICK HERE](#)

Forms required for your recertification

[CLICK HERE](#)

For technical assistance

[CLICK HERE](#)



**Sign Up for a User Account**

If you do not have a User Account, please contact your Ryan White Part A Centralized Intake and Eligibility Determination specialist at 954-566-1417.

**Log On**

Please enter your Username and Password.

User Name

Password

If you forgot your User Name [click here](#)  
If you forgot your Password [click here](#)

Y ap mande w pou chwazi kesyon sekirite kont la avèk repons yo, epi w ap chwazi yon nouvo modpas.

**Security Questions and Answers**

Security Question1

Security Answer1

Security Question2

Security Answer2

Security Question3

Security Answer3

**Change Password**

New passwords are required to be a minimum of 6 characters in length.

Current password

New password

Confirm new password

Chak fwa ou konekte apre sa, y ap mande w pou reponn yon kesyon. Si w ta bliye modpas ou a oswa repons pou kesyon sekirite yo, ou ka kontakte CIED e y ap ede reyinisyalize kont ou a, sa ki ap rekòmanse pwosesis ki te dekri nan dokiman sa.



Account Security Question

What school did you attend for sixth grade?

Submit

Si w bliye non itilizatè w la oswa modpas ou, ou ka itilize tou lyen yo ki anba nan ekran pou konekte a pou ka rekipere li.

Log On

Please enter your Username and Password.

User Name

Password

Log On

If you forgot your User Name [click here](#).

If you forgot your Password [click here](#).

Forgot User Name

Please enter your email address below to retrieve your User Name.

Email Address

Continue

Forgot Password

Please enter your User Name below to retrieve your password.

User Name

Continue

## Kijan pou antre yon resètifikasyon

### Kòmanse resètifikasyon

Aprè w fin konekte sou sit la, gen de (2) nouvo "kazye" k ap parèt pa anlè ekran an; "To complete your recertification" (Pou ranpli resètifikasyon w la) ak "To check the status of your submitted recertification" (pou tcheke sityasyon resètifikasyon ou te soumèt la). Premye a se kote ou klike lè w vle antre yon resètifikasyon pou kalifikasyon w oswa pou w angaje ankò nan Pwogram Ryan White Pati A a. Dezyèm nan se kote ou klike pou tcheke sityasyon dènye resètifikasyon ou te soumèt la.



This site may be used for recertification in the Broward County Ryan White Part A Program.

To complete recertification on this site, the following forms of documentation are required:

- 1 Proof of Broward County Residency (must be current/not expired with applicant's name & current address).
- 2 Proof of Income (must bring all that apply to applicant and household members).
- 3 Proof of Health Insurance Coverage (if applicable).

For more information on acceptable documentation, contact the Broward Regional Health Planning Council to speak with an Eligibility Specialist at 954-566-1417.

Welcome **EJW456!**

Log Off Change Password Change Security Question/Answer

To complete your recertification	<a href="#">CLICK HERE</a>
To Submit Additional Documentation	<a href="#">CLICK HERE</a>
To check the status of your submitted recertification	<a href="#">CLICK HERE</a>
For technical assistance	<a href="#">CLICK HERE</a>

Lè w klike sou bouton "To complete your recertification", gen yon ekran k ap parèt ak yon fòm Kontra ak Konfimasyon, ki gen yon kontra sou Dwa ak Responsablite k ap parèt apresa. Tanpri li tout piblikasyon sa yo epi klike sou bouton "Accept" (Aksepte) a nan pati anba nan de (2) paj yo si w swete kontinye ak antre yon resètifikasyon. Si w pa dakò, klike sou bouton "Do Not Accept" (Pa Aksepte) nan nenpòt paj la e w ap retounen nan Paj Dakòy la. Ou ka sèlman kontinye pou w antre yon resètifikasyon si w klike sou "Accept" pou ka aksepte dokiman yo. Si non, tanpri kontakte pwogram Admisyon Santralize ak Detèminasyon Kalifikasyon (Centralized Intake and Eligibility Determination, CIED) nan Konsèy Rejyonal Planifikasyon Sante nan Broward (Broward Regional Health Planning Council, BRHPC).

Aprè w fin aksepte dokiman yo, ap gen yon fòm resètifikasyon k ap louvri. L ap otomatikman ranpli ak dènye enfòmasyon yo ke pwogram Ryan White Pati A gen pou ou. Tanpri revize resètifikasyon an byen epi pote koreksyon oswa chanjman nesèsè pou asire enfòmasyon nan resètifikasyon an aktyèl e kòrèk.

Seksyon annapre yo dekri resètifikasyon an an detay.

## Finis resètifikasyon an

Resètifikasyon an gen nèf onglè jan sa parèt anba a. Klike sou yon onglè ki rele (Main, Demographics, Address, etc.) (Prensipal, Demografi, Adrès, elatriye) pa anlè nan fòm nan pou chanje ant onglè yo. Pandan w ap revize chak onglè e korije enfòmasyon yo, w ap jwenn kèk sijesyon sou jan pou itilize fòm nan:

- Yon chan ki obligatwa ki dwe ranpli ap gen yon etikèt chan an (tèks ki di sa ki dwe mete a) k ap make an karaktè gra. Gade "Legal Last Name" (Siyati legal) ki se pati obligatwa alòske "Legal Middle Initial" (Inisyal dezyèm prenon legal) la pa obligatwa.

Main	Demographics	Address	Household	Employment	Income	Benefits	Insurance	Medical
<p><b>Alert</b></p> <p>All fields that are Bold must be filled out. Do Not use the Back Arrow at the top of the browser page. Do Not use the enter key to navigate fields.</p>								
<p><b>Applicant Identification</b></p> <p>Legal Last Name: <input type="text" value="Test"/></p> <p>Legal First Name: <input type="text" value="Eric"/></p> <p>Legal Middle Initial: <input type="text"/></p> <p>Name Suffix: <input type="text"/></p> <p>Current Gender: <input type="text" value="Male"/></p> <p>Gender at Birth: <input type="text" value="Male"/></p>								

- Gen yon ikòn ble nan pati adwat yon chan ou ka pase souri w la sou li pou afiche plis enfòmasyon pou ede k ap parèt nan yon bwat dyalòg. Gade tèks pou ede ki afiche pou chan "Wages, salaries, tips etc." (Konpansasyon, salè, poubwa, elatriye) nan onglè revni an.

mployment	Income	Benefits	Insurance	Medical
-----------	--------	----------	-----------	---------

---

ne in the household that is a dependent of you or you are a dependent of.

---

<p><b>Wages, salaries, tips, etc. (Form W-2):</b> <input type="text" value="\$0.00"/></p> <p><b>Taxable interest (1099-INT form):</b> <input type="text" value="\$0.00"/></p> <p><b>Tax-exempt interest (Form 1099-INT box 8):</b> <input type="text" value="\$0.00"/></p> <p><b>Ordinary Dividends (1099-DIV box 1a):</b> <input type="text" value="\$0.00"/></p> <p><b>Exempt Interest Dividends (Form 1099-INT box 10):</b> <input type="text" value="\$0.00"/></p> <p><b>Taxable refunds of state/local income taxes:</b> <input type="text" value="\$0.00"/></p>	<p><b>Definition</b></p> <p>Include the total monthly income that the applicant and any legal household members receive from Wages or Salary's (W-2), Tip income, and any disability pension benefits received prior to meeting minimum age requirement. Note: Documentation is required for all household income reported on the Income Tab</p>
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- Yon chan ki gen yon flèch dewoulant se youn kote ou dwe chwazi yon valè nan lis opsyon ki prezante a.
- Yon chan ki egzije pou antre yon dat ka tape dirèkteman sou fòm (MM/DD/AAAA) oswa ou ka chwazi nan kalandriye ki afiche a lè w antre nan chan sa.

Insurance	Medical	
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HIV Stage of Disease:

Dated Date HIV Diagnosed:

on Antiretroviral Therapy?

Reason not on ARV:

---

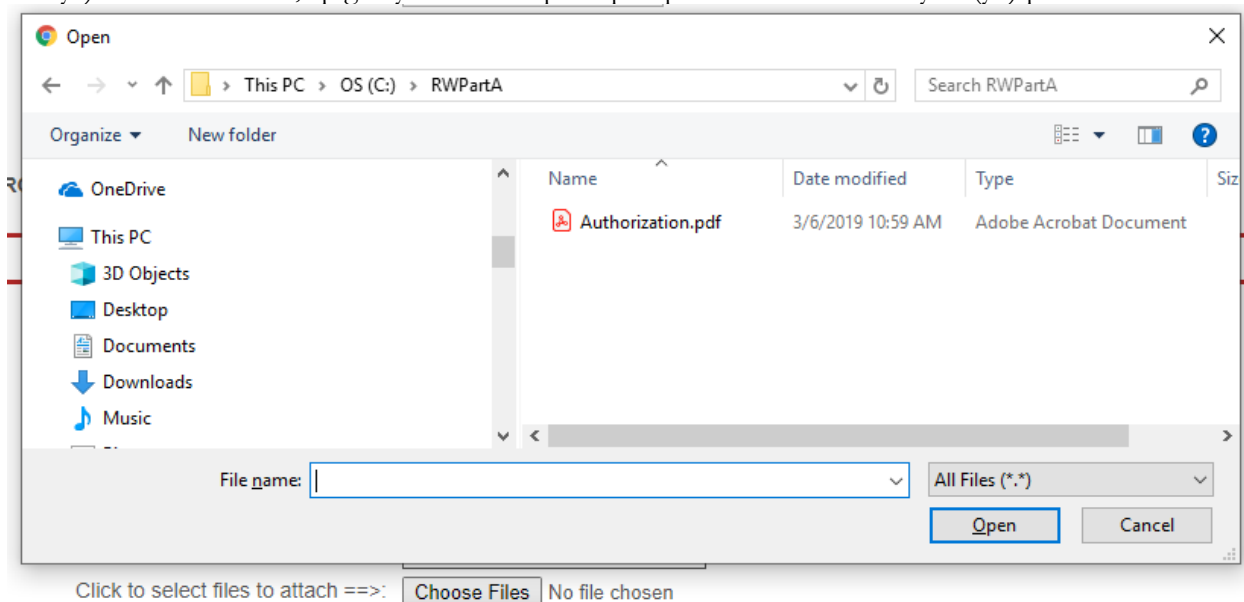
CD4 Count Lab Results?

nt Viral Load lab results?

March 2019

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Yon chan ki fèt pou telechaje yon PDF oswa yon fichye imaj eskane ap parèt avèk etikèt "Click to select files to attach" (Klike pou chwazi fichye pou anekse yo). Lè w klike bouton "Choose Files" (Chwazi Fichye) sou òdinatè w la, ap gen yon fenèt ki parèt pou pèmèt ou chwazi fichye a (yo) pou anekse.



- Apre w fin chwazi fichye a, w ap wè li parèt nan bouton "Choose Files" la.

Click to select files to attach ==>:  Authorization.pdf

- Pafwa yon valè ki antre nan yon chan ka lakòz ekran an afiche lòt chan. Pa egzanp, si chan "Race" (Ras) la gen kazye "Asian" (Azyatik) la ki tcheke, lè sa a, chan "Asian – Check all that apply" (Azyatik – Tcheke tout sa ki aplikab) la ap parèt jan sa afiche anba a.

Main	Demographics	Address	Household	Employment	Income	Benefits	Insurance	Medical
Demographics								
<p>Race - Check all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alaskan Native</li> <li><input type="checkbox"/> American Indian</li> <li><input checked="" type="checkbox"/> Asian</li> <li><input type="checkbox"/> Black or African American</li> <li><input type="checkbox"/> Native Hawaiian</li> <li><input type="checkbox"/> Pacific Islander</li> <li><input type="checkbox"/> White</li> </ul> <p>Asian - Check all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asian Indian</li> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> Filipino</li> <li><input type="checkbox"/> Japanese</li> <li><input type="checkbox"/> Korean</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Vietnamese</li> </ul> <p>Ethnicity: <input type="text" value="Non-Hispanic Latino/a"/></p> <p>Haitian? <input type="text" value="Yes"/></p> <p>Veteran? <input type="text" value="Yes"/></p> <p>Country Of Origin: <input type="text" value="United States of America"/></p> <p>Citizenship: <input type="text" value="U.S. Citizen"/></p> <p>Primary Language: <input type="text" value="English"/></p> <p>Migrant Worker? <input type="text"/></p> <p>Preferred Written Communications Language: <input type="text" value="English"/></p> <p>Tobacco Use? <input type="text"/></p> <p>Marital Status: <input type="text" value="Single"/></p>								

Men fòm san opsyon "Asian" ki tcheke nan kazye ras anba a.



Main	<b>Demographics</b>	Address	Household	Employment	Income	Benefits	Insurance	Medical
------	---------------------	---------	-----------	------------	--------	----------	-----------	---------

**Demographics**

Race - Check all that apply:

- Alaskan Native
- American Indian
- Asian
- Black or African American
- Native Hawaiian
- Pacific Islander
- White

Ethnicity: Non-Hispanic Latino/a

Haitian? Yes

Veteran? Yes

Country Of Origin: United States of America

Citizenship: U.S. Citizen

Primary Language: English

Migrant Worker?

Preferred Written Communications Language: English

Tobacco Use?

Marital Status: Single

- Onglè Household (kay) la gen yon ajansman espesyal pou estil ki se "akòdeyon". Si valè pou "# of Additional Household Members" (Kantite manm nan kay la ki anplis) depase zewo, gen yon onglè pou yon sou-seksyon k ap ajoute pou chak manm nan kay la ki gen anplis pou ka antre enfòmasyon yo.

Main	Demographics	Address	<b>Household</b>	Employment	Income	Benefits	Insurance	Medical
------	--------------	---------	------------------	------------	--------	----------	-----------	---------

**Alert**

Input information for all members of household.

**Household**

# of Additional Household Members: 3

▼ Contact 1

First Name:

Last Name:

Relationship to Client:

Date Of Birth:

Okay to Speak with?

Is this person aware of your HIV status?

▶ Contact 2

▶ Contact 3



Main	Demographics	Address	<b>Household</b>	Employment	Income	Benefits	Insurance	Medical
------	--------------	---------	------------------	------------	--------	----------	-----------	---------

**Alert**  
Input information for all members of household.

**Household**  
# of Additional Household Members:

▶ Contact 1

▼ Contact 2

First Name:

Last Name:

Relationship to Client:

Date Of Birth:

Okay to Speak with?:

Is this person aware of your HIV status?:

▶ Contact 3

- Gen kèk chan ki gen valè ki afiche otomatikman e poutèt sa ou sèlman ka li yo; valè chan sa yo gen yon fon koulè gri ki endike ke ou pa ka modifye yo dirèkteman. Pa egzanp, onglè prensipal chan "Legal Last Name" la.

<b>Main</b>	Demographics	Address	Household	Employment	Income	Benefits	Insurance	Medical
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**Alert**  
All fields that are Bold must be filled out.  
Do Not use the Back Arrow at the top of the browser page.  
Do Not use the enter key to navigate fields.

**Applicant Identification**

Legal Last Name:

Legal First Name:

Legal Middle Initial:

Name Suffix:

Current Gender:

Gender at Birth:

## Soumèt resètifikasyon an

Itilize bouton anwo yo nan meni onglè a pou soumèt oswa anile resètifikasyon w lan.

Submit Recertification Cancel

Main Demographics Address Household Employment Income Benefits Insurance Medical

Lè w klike sou bouton "Submit Recertification" (Soumèt Resètifikasyon) enfòmasyon ou te antre yo ap tcheke pou valide yo. Si gen nenpòt erè nan validasyon an, l ap afiche nan yon seksyon ble adwat fòm resètifikasyon an, ki mansyone pou chak onglè – sa yo dwe korije anvan nou anrejistre soumisyon resètifikasyon w lan. Pa egzanp, si ou te eseye soumèt yon resètifikasyon men pa te gen erè validasyon nan onglè "Household" (Kay) ak "Insurance" (Asirans) la.

Main	Demographics	Address	Household	Employment	Income	Benefits	Insurance	Medical
<p><b>HIV Status</b></p> <p>HIV Stage of Disease: <input type="text" value="HIV Negative"/></p> <p>Estimated Date HIV Diagnosed: <input type="text" value="03/06/2019"/></p> <p>Are you currently on Antiretroviral Therapy? <input type="text" value="No"/></p> <p>Reason not on ARV: <input type="text" value="Not medically indicated"/></p>								
<p><b>Lab Results</b></p> <p>Will you be attaching your most recent CD4 Count Lab Results? <input type="text" value="No"/></p> <p>Will you be attaching your most recent Viral Load lab results? <input type="text" value="No"/></p>								
<p><b>Please fix the following errors:</b></p> <p><b>Household</b></p> <ul style="list-style-type: none"> <li>• First Name: This field is required.</li> <li>• Last Name: This field is required.</li> <li>• Relationship to Client: This field is required.</li> <li>• Okay to Speak with?: This field is required.</li> <li>• Is this person aware of your HIV status?: This field is required.</li> </ul> <p><b>Insurance</b></p> <ul style="list-style-type: none"> <li>• Private Status: This field is required.</li> <li>• Dental Status: This field is required.</li> </ul>								

Lè w soumèt resètifikasyon w la e pa gen okenn erè nan validasyon an, ap gen yon mesaj siksè ki afiche ki gen ladann kòd konfimasyon w lan. Ou ka enprime ekran an lè w itilize bouton "Print" (Enprime) la oswa ekri kòd konfimasyon w lan; li ka itilize alavni pou tcheke sityasyon resètifikasyon ou te soumèt la.

Recertification Submission Successful
<p>Your Recertification has been successfully submitted. Your confirmation code is: <b>1002</b></p> <p>Please print and keep a copy of this page for future reference. Your recertification has been submitted but it appears to be missing the following documentation:</p> <ul style="list-style-type: none"> <li>- Proof of Residency</li> <li>- Proof of Income</li> <li>- A copy of your most recent HIV Viral Load</li> <li>- A copy of your most recent CD4 Count</li> </ul> <p>You have 45 business days to submit all the missing documentation listed above.</p> <p>Print Home</p>



Aprè w fin soumèt resètifikasyon w la, ou ka itilze twazyèm bouton an nan meni prensipal la nan paj dakèy la pou tcheke sityasyon li.



**This site may be used for recertification in the Broward County Ryan White Part A Program.**

To complete recertification on this site, the following forms of documentation are required:

- 1. **Proof of Broward County Residency** (must be current/not expired with applicant's name & current address). +
- 2. **Proof of Income** (must bring all that apply to applicant and household members). +
- 3. **Proof of Health Insurance Coverage** (if applicable). +

For more information on acceptable documentation, contact the Broward Regional Health Planning Council to speak with an Eligibility Specialist at 954-566-1417.

Welcome **EJW456!**

[Log Off](#)

[Change Password](#)

[Change Security Question/Answer](#)

To complete your recertification

[CLICK HERE](#)

To Submit Additional Documentation

[CLICK HERE](#)

To check the status of your submitted recertification

[CLICK HERE](#)

For technical assistance

[CLICK HERE](#)

#### Assessment Status

Your Eligibility Assessment has been received and is in queue for processing.

[Home](#)