

**Health Planning Council of Southwest Florida, HOPWA Payments  
Request for HOPWA Assistance Policy & Timeline**

**Effective: 7/1/2006**

The Southwest Florida Regional HIV/AIDS Council (RHAC) and the Health Planning Council of Southwest Florida (HPC) support the timely payment of HOPWA assistance according to the federal, state and local standards.

**Requestors**

Requests for HOPWA assistance come only from contracted HOPWA case management providers. This is to ensure that the client is eligible at the time of service and that there is no other payer source for the service.

**Method of Request**

All requests for assistance must come in writing by fax on the most recently adopted HPC request form. The form must be completely filled out and have invoices **faxed** with it (mortgage coupon, letter of agreement, utility bill) showing the client account, client address, dates of service, amount due, and due date. **The original invoice(s) and/or letters of agreement must be in the client file at the HOPWA case management agency. All requests for assistance must have a new updated documentation including a new landlord/tenant agreement, new utility bill, and/or new mortgage coupon/statement.** Printed online mortgage and/or utility statements may be used and **faxed** to HPC. It is recommended that the case manager check these online sources when available to verify the amounts due.

**YOU MAY STILL MAIL REQUESTS BUT DO NOT MAIL AND FAX. PICK ONE METHOD (FAX OR MAIL).**

All vendors (landlords, mortgage and utility companies) must have a valid W-9 on file at HPC. A valid W-9 must have the tax identification number, name, address, signature and date. W-9s may also be faxed with the original in the client's case file at the case management agency.

**Turnaround Time**

HPC has 10 days from the date of receipt to pay (send the check) a completed HOPWA assistance request.

**Emergencies**

HPC recognizes there are emergency situations where a HOPWA needs to be handled immediately. An emergency is an imminent (that day) situation such the utilities being turned off.

**Exceptions**

Exceptions for HOPWA assistance must be submitted on the HOPWA Exception Form. The HEF will be forwarded to the Contract Manager. Exceptions can only be for eligible persons for eligible services.

**Amount of Assistance, Eligibility, and other programmatic requirements are detailed in the Area 8-Specific HOPWA Implementation Policies.**

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I, (print client name) \_\_\_\_\_, have read and understand the above policy. I understand my responsibilities to seek other sources of assistance, and seek reimbursement back to the HOPWA program where applicable. I understand I must be compliant with the requirements for assistance outlined above or I risk being ineligible for further assistance.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_