



Ryan White Part B ADAP Medication Assistance Program (MAP) Application for Pre Approval of Hormone Therapy Medication Assistance

The following medications are available with pre approval through the Medication Assistance Program:

- Estradiol: Oral, Transdermal and Injectable
- Finasteride
- Progestin
- Spironolactone

To be eligible for assistance with these medications, a client must:

- Be currently enrolled in MAP and eligible to receive services.
- Be a patient currently in the process of gender transition, or in the maintenance stage from gender transition.

Complete the following:

Applicant's Name _____
Legal First Middle Last

Social Security Number _____ Date of Birth _____

Address _____

City _____ State _____ ZIP Code _____

1. Is the patient listed above currently progressing through the gender transition process? YES NO
2. Is the patient listed above currently in post gender transition maintenance? YES NO
3. Address where drug will be sent if approved:

Clinic affiliation where this patient/client is seen: _____

Phone Number _____ Fax Number _____

Physician Name: (Print) _____

Physician Signature: _____

Submit to: Illinois Department of Public Health or Fax to: 217-785-8013
 525 W. Jefferson St., 1st Floor.
 Springfield, IL 62761

IDPH USE ONLY:

Authorization Approved? YES NO Authorization Number: _____

Authorization Effective Date: _____ Authorization Expiration Date: _____