

SECTION B – INSTRUCTIONS

Complete this section if you are the lawful spouse with HIV of the individual with a blood-clotting disorder and HIV, a former lawful spouse with HIV, a child who acquired HIV through perinatal transmission, or their survivor(s)

This section describes a lawful spouse with HIV, a former lawful spouse with HIV, or a child who acquired HIV perinatally. Enter the requested information.

- **Name:** The full name of the lawful spouse with HIV, the former lawful spouse with HIV, or the child who acquired HIV through perinatal transmission.
- **Social Security Number:** That person's 9-digit Social Security Number.
- **Date of Birth:** That person's date of birth (month, day, and year).
- **If the individual is no longer living, provide the date of death.** That person's date of death, if applicable (month, day, and year).
- **If the person is living:**
 - **Address:** That person's current home address.
 - **City:** That's person's current city of residence.
 - **State:** That person's current state of residence.
 - **Zip:** 5 or 9 digit zip code of that person's current residence.
 - **Daytime phone:** The daytime telephone number, including the area code.

If the lawful spouse with HIV, the former lawful spouse with HIV, or the child who acquired HIV perinatally lives outside of the United States of America, in the State field, enter the country. In the Zip field, use any applicable mailing code. In the phone field, include the international dialing code for the country.

- **Relationship to individual in Section A (Check one):** Check the appropriate box indicating whether the person identified in Section B is the lawful spouse (husband or wife) with HIV; the former lawful spouse (husband or wife) with HIV, or the child with HIV. If the person identified in Section B is the child with HIV, check the third box if the individual identified in Section A is the child's birth mother; check the fourth box if the child's birth mother is the lawful spouse of the individual identified in Section A; check the fifth box if the child's birth mother was the former lawful spouse of the individual identified in Section A. Note that a child with HIV who checked the fifth box may be eligible for payment even if the individual identified in Section A is not the child's father.

SECTION C – INSTRUCTIONS

Complete this section if you are filing a petition as a survivor

This section describes a surviving spouse, child, or parent of a deceased person with HIV. The lawful spouse can always file a petition. The surviving child or children can file a petition if there is no surviving spouse. The surviving parent or parents can file a petition if there is no surviving spouse or are no surviving children. Enter the requested information.

(Section C continued, next page)

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