

**List of Agencies Located Within the Transitional Grant Area (TGA)
With Services Available for People Living With HIV & AIDS**

RYAN WHITE PROVIDER AGENCY	ADDRESS	TELEPHONE
Medical Case Management Services ACCESS AIDS Care EVMS-C3ID Minority AIDS Support Services, Inc. International Black Women's Congress Norfolk Community Health Center Southeastern Virginia Health Systems (fka PICH) Urban League of Hampton Roads	248 West 24 th Street, Norfolk, VA 23517 218 South Armistead Avenue, Hampton, VA 23669 825 Fairfax Avenue, Suite 545, Norfolk, VA 23507 3110 Chestnut Avenue, Newport News, VA 23607 645 Church Street, Suite 200, Norfolk, VA 23510 1401 Tidewater Drive, Suite 1, Norfolk, VA 23504 4714 Marshall Avenue, Newport News, VA 23607 5700 Thurston Avenue, Suite 101, VA Beach, VA 23455 830 Goff Street, Norfolk, VA 23405 1300 Thomas Street, Suite E, Hampton, VA 23669	(757) 640-0929 (757) 722-5511 (757) 446-8989 (757) 247-1879 (757) 625-0500 (757) 628-1430 (757) 247-2810 (757) 627-0864 (757) 226-7589 (757) 224-8085
Early Intervention Services ACCESS AIDS Care International Black Women's Congress Minority AIDS Support Services, Inc. Urban League of Hampton Roads	248 West 24 th Street, Norfolk, VA 23517 3309 Granby Street, Norfolk, VA 23504 218 South Armistead Avenue, Hampton, VA 23669 645 Church Street, Suite 200, Norfolk, VA 23510 3110 Chestnut Avenue, Newport News, VA 23607 5700 Thurston Avenue, Suite 101, VA Beach, VA 23455 1300 Thomas Street, Suite E, Hampton, VA 23669 830 Goff Street, Norfolk, VA 23405	(757) 640-0929 (757) 625-6992 (757) 722-5511 (757) 625-0500 (757) 247-1879 (757) 627-0864 (757) 224-8085 (757) 226-7589
Health Insurance Premium and Cost Sharing Assistance ACCESS Aids Care (Medication & Mental Health Co-pays) Community Psychological Resources (Mental Health Co-pays) EVMS-C3ID (Office Visit, Labs & Specialty Office Visit Co-pays) Norfolk Community Health Center (Office Visit, Labs & Specialty Office Visit Co-pays) Southeastern Virginia Health System (Office Visit, Labs & Specialty Office Visit Co-pays)	248 West 24 th Street, Norfolk, VA 23517 919 W. 21st Street, Suite B, Norfolk, VA 23517 825 Fairfax Avenue, Suite 545, Norfolk, VA 23507 1401 Tidewater Drive, Suite 1, Norfolk, VA 23504 4714 Marshall Avenue, Newport News, VA 23607	(757) 640-0929 (757) 622-6794 (757) 446-8999 (757) 628-1430 (757) 247-2810
Mental Health Services ACCESS AIDS Care Community Psychological Resources	248 West 24 th Street, Norfolk, VA 23517 919 W. 21st Street, Suite B, Norfolk, VA 23517	(757) 640-0929 (757) 622-6794
Oral Health Care Southeastern Virginia Health Systems Hampton Roads Community Health Center (Healthy Smiles) Virginia Beach Department of Public Health	4714 Marshall Avenue, Newport News, VA 23607 664 Lincoln Street, Portsmouth, VA 23704 4452 Corporation Lane, Virginia Beach, VA 23462	(757) 247-2810 (757) 399-4588 (757) 518-2751
Pharmacy Program - Drug Reimbursement Bayview Plaza Pharmacy, Inc Mercury West Pharmacy	7924-A Chesapeake Blvd., Norfolk, VA 23518 2148 West Mercury Blvd., Hampton, VA 23666	(757) 583-7466 (757) 827-1938
Primary Medical Care EVMS-C3ID Norfolk Community Health Center Southeastern Virginia Health System	825 Fairfax Avenue, Suite 545, Norfolk, VA 23507 1401 Tidewater Drive, Suite 1, Norfolk, VA 23504 4714 Marshall Avenue, Newport News, VA 23607	(757) 446-8999 (757) 628-1430 (757) 247-2810
Substance Abuse Norfolk Community Service Board	7460 Tidewater Drive, Norfolk, VA 23510	(757) 664-6670
Medical Transportation Service ACCESS AIDS Care EVMS-C3ID	309 Granby Street, Norfolk, VA 23504 825 Fairfax Avenue, Suite 545, Norfolk, VA 23507	(757) 625-6992 (757) 446-8989
Emergency Financial Assistance EVMS-C3ID (AIDS Resource Center)	358 Mowbray Arch, Suite 106, Norfolk, VA 23507	(757) 446-6170

REVISED September 2014

I acknowledge that I have received a list of Ryan White Part A Providers located within the Norfolk Transitional Grant Area (TGA) with services available for people living with HIV & AIDS. I understand that to access any of these services I will need to speak with a Case Manager or a Primary Medical Care Provider.

Client's Signature – Copy of Document Received

Date