

State of Nevada Health Division

Ryan White Part A, B, C and D

Confirmation of Dependent Support

Date: _____

Name of Applicant: _____

Address of Applicant: _____

Date of Birth: _____

If applicant has no means of support please indicate the current living arrangement:

_____ Permanent House Guest

_____ Temporary House Guest

_____ Guest in a Rental Home (no fee)

_____ Transitional Housing (no fee)

_____ Cash assistance

Other: _____

The person providing support for the above applicant certifies the following:

I, _____, hereby affirm, under penalty of perjury, that I have been the sole support of the person named above and to the best of my knowledge declare that his person has no other primary means of support.

I have provided support (cash or room and board) since _____

Provider's name (please print) _____

Relation to applicant: _____

Address: _____

Telephone number: _____

Provider's signature: _____