

Ryan White Part A Verification of No Income



I, _____, have requested services from Ryan White
Client's Name
Part A which requires verification of all income. I have stated during this
verification that I have no income at this time.

I have not received income since _____.

I do not expect to receive income until _____.

I have applied for DDS or SSI on _____.

I understand that the above information is true and correct and understand that willfully giving false information will disqualify me from services and may result in legal/criminal action.

I further agree that if my financial status changes, I must immediately notify the Ryan White Part A eligibility agency and provide documentation of income.

Client's Signature **Date**

Parent or Guardian **Date**

Registering Agency Staff Member **Date**

Client Name **Client URN#**