



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF BEHAVIORAL HEALTH, WELLNESS AND PREVENTION
OFFICE OF HIV/AIDS

Homeless Declaration Form
Ryan White Part B

Date: _____

Client's name: _____

Client's URN: _____

I declare that I meet one of the following conditions of homelessness to fulfill the Ryan White Part B eligibility requirement for residency:

- Live in a motel, hotel or weekly rate housing
- Live in a shelter (family, domestic violence, youth shelter, or transitional living program).
- Live in an abandoned building, in a car, campground, or on the street
- Other: _____

Last known address: _____

General area and zip code of where the client resides: _____

I hereby declare that the above information regarding my current living situation is true.

Client's Signature

Date