



Nevada Ryan White Parts ABCD Common Guidance Document Six Month Self-Attestation

Name: _____ Birth Date: _____
 Mailing Address: _____ City: _____ Zip: _____
 Primary Phone: _____ Alternate Phone: _____
 Doctor's Name: _____ Case Manager's Name: _____

RESIDENCY

Since your Annual Certification six months ago, have you moved/changed residence?

- No, my address has not changed.
- Yes, my address has changed. *(see box to the right)*

- Current lease/Rental Agreement
- Rent/Mortgage Receipt (dated within the past 30 days)
- Any Bill or Invoice (dated within the past 30 days)
- Letter from a Government Agency
- Voter Registration/Vehicle Registration
- Prison Release Papers
- Current Nevada Driver's License or ID Card (non-expired)
- Consulate Identification Card (non-expired)
- Resident Alien Card (non-expired)
- Other verifiable government issued photo ID with address (non-expired)
- Proof of property taxes paid
- Dependent Support Form (CGD 15-48)
- Non-Stable Housing Declaration Form (CGD 15-44)
- Verification of Residence (dated within the past 30 days) (CGD 15-50)

Client Initial _____

INCOME

Since your Annual Certification six months ago, has your income changed?

- No, my income has remained the same.
- Yes, my income has changed. *(see box to the right)*

- Copy of most recent pay stubs for the last month
- Copy of most recent annual disability, SSI, retirement, pension, VA, child support/alimony, unemployment benefits, etc. statements
- One (1) month of bank statements only if pay stubs or annual statements cannot be provided.
- Pre-paid debit card statements
- Profit and Loss Statement from self-employment (CGD 16-04)
- Verification of No Income (CGD 15-45)
- Dependent Support Form (CGD 15-48)

Client Initial _____

HOUSEHOLD SIZE

Since your Annual Certification six months ago, has your household size changed? Household Composition Form (16-03)

- No, there is no change in my household size.
- Yes, my household size has changed. (see box to the right)

Client Initial _____

HEALTH INSURANCE

Since your Annual Certification six months ago, has your insurance status changed? Survey of Existing Insurance Coverage (CGD 16-10)

- No, there is no change in my insurance status.
- Yes, my insurance status has changed. (see box to the right)

Client Initial _____

If sending via mail, fax, or email, how would you like to receive confirmation that the agency received this form? Please be sure the information at the top of Page one is up to date.

<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<input type="checkbox"/> Phone
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I certify and attest that my signature on this Six Month Self-Attestation of Common Ryan White Parts ABCD Eligibility form indicates the information provided is true, correct, and complete to the best of my knowledge. I realize that providing false information may disqualify me from Ryan White Parts ABCD Program services. The Ryan White Part ABCD Program cannot pay for services that have been paid or can reasonably be paid by any State, Federal, or private entity that provides health benefits.

I understand that my records are protected under State and Federal regulations and cannot be disclosed without my written consent. I understand that information can be released for billing, chart audits, program monitoring/quality improvement, data reporting, and needs assessment purposes.

This document serves as my consent for the release of information. I also understand that I may revoke this consent at any time, in writing, except to the extent that action has been taken in reliance on it.

Client Signature

Date