



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

Six Month Self-Attestation of Ryan White Part B Eligibility

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)
Utility Bill (dated within the past 30 days)
Verification of Residence (dated within the past 30 days) (Form 15-50)
Letter from a Government Agency
Voter Registration/Vehicle Registration
Prison Release Papers
Current Nevada Driver's License
Current Nevada DMV Identification Card
Consulate Identification Card
Resident Alien Card
Other verifiable government issued photo ID with address
Dependent Support Form with current utility bill rent/mortgage receipt, etc.
Homeless Declaration Form (Form 15-44)
Tax Return
Proof of property taxes paid

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
Profit and Loss Statement from self-employment
Statement of No Income (Form 15-45)
One (1) month of bank statements only if pay stubs or annual statements cannot be provided.
Pre-paid debit card statements
Dependent Support Form (Form 15-48)

Client Initial \_\_\_\_\_

**HEALTH INSURANCE**

Since your Annual Certification six months ago, has your insurance status changed?

No, there is no change in my insurance status.

Yes, my insurance status has changed. (see box to the right)

- Proof of Medicaid/Nevada Health Link application or exemption
- Employer Insurance Verification (Form 15-49)
- Current insurance benefits package information
- ADAP Cost Effectiveness Worksheet if client is requesting Insurance Assistance (HICP) or Medication Assistance programs (ADAP) (Form 15-38)

Client Initial \_\_\_\_\_

**LIVING ARRANGEMENT**

Since your Annual Certification six months ago, has your living arrangement changed?

No, there is no change in my living arrangement.

Yes, my living arrangement has changed. (see box to the right)

- Stable/Permanent (own home, renting, HOPWA funded housing assistance, Section 8 housing, public housing, etc.)
- Temporary (transitional housing, temporarily living with family or friends, hotel or motel paid without a voucher, etc.)
- Unstable (emergency shelter, hotel or motel paid with a voucher, homeless, prison, jail, etc.)

Client Initial \_\_\_\_\_

**HOUSEHOLD SIZE**

Since your Annual Certification six months ago, has your household size changed?

No, there is no change in my household size.

Yes, my household size has changed. (see box to the right)

- Marriage License/Domestic Partner Registration Form
- Birth Certificates of dependents in household
- Tax Return

Client Initial \_\_\_\_\_

I certify and attest that my signature on this Six Month Self-Attestation of Ryan White Part B 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 Part B Program services. The Ryan White Part B 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: \_\_\_\_\_