

STATE OF NEVADA



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

Household Composition Form
Ryan White Part B

Please list information on the total household tax size below. You may count yourself, your spouse (if applicable) and any dependents that you are allowed to claim on your tax return. Individuals living in your household who may not be claimed on your taxes may not be included in this number. If you do not plan on filing taxes please list below the individuals who you would include in your tax return if you file taxes.

Name	Relationship	Age

Total Number of People in Family/Household (including yourself): _____

I hereby declare that the above information regarding my household composition is true.

Client's Signature

Date