



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)
Any Bill or Invoice (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 (non-expired)
Current Nevada DMV Identification Card (non-expired)
Consulate Identification Card (non-expired)
Resident Alien Card (non-expired)
Other verifiable government issued photo ID with address (non-expired)
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 (Form 16-04)
Verification 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
- Statement that client is not currently covered by any form of insurance

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)

- Household Composition Form (16-03)

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: \_\_\_\_\_