

Ryan White Part A- Cleveland TGA Semi-Annual Recertification- No Changes

Date Eligibility Recertified: ___/___/_____ Annual Recertification due by: ___/___/_____

Date: ___/___/_____

Client Name: _____ Date of Birth: ___/___/_____

CAREWare ID: _____

Client Certification of No Changes

Please initial each statement and sign below:

_____ There have been no changes to my address, household income, insurance coverage, or other information that may affect my eligibility for the Ryan White program since my eligibility was last established/recertified.

_____ My eligibility for the Ryan White Program must be established at least every six months, or it will expire.

_____ If there are any changes to my eligibility information before my Annual Recertification is due, I will report them and provide documentation of the changes.

Today's Date ___ ___ / ___ ___ / _____

Client Signature _____

Client Printed Name _____

AGENCY USE ONLY

Staff Signature: _____ Date: _____

Printed Name: _____

Phone Number: (___ ___) ___ ___ - ___ ___ Agency: _____