

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 Printed Name _____

By checking this box, the professional (medical or non-medical case manager) is assuring that the client named on this document has verbally stated they have no current changes to their address, household income, insurance coverage, or other information that may affect their Ryan White Part A eligibility. The client is not able to provide their signature due to precautions in place due to COVID-19.

AGENCY USE ONLY

Staff Signature: _____ Date: _____

Printed Name: _____

Phone Number: _____ Agency: _____