

Client ID (Ryan White Program CIS #): \_\_\_\_\_

Client Name: \_\_\_\_\_ SSN (if available): \_\_\_\_\_ DOB: \_\_\_\_\_

**RYAN WHITE PROGRAM  
STATEMENT OF NO INCOME AND LOCAL RESIDENCE  
(Please check the following options as appropriate)**

\_\_\_ I hereby affirm that I am currently unemployed, am not receiving unemployment compensation benefits, am not receiving Social Security benefits, am not receiving any other disability benefits, and have no income at this time.

**AND**

\_\_\_ I hereby affirm that I am a dependent (18-25 years old); however, I do not wish to disclose my status to parents/guardians/caregivers. I am seeking primary medical care services.

**OR**

\_\_\_ I hereby affirm that I am a minor (under age 18 years) and not legally emancipated; however, I do not wish to disclose my status to parents/guardians/caregivers. I am seeking primary medical care services.

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My current local address is: \_\_\_\_\_  
\_\_\_\_\_

**I agree to notify my case manager or the eligibility specialist immediately if, in the future, I begin to receive income, there is a change in my local address, or I disclose my status to parents/guardians/caregivers.**

**I certify that all information provided on this form is true and correct.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Case Manager Name (Printed): \_\_\_\_\_

Medical Case Management Agency Name: \_\_\_\_\_

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If the client has been without income for more than one month, please add an explanation below describing how this client's food, shelter, and utility needs are managed:  
\_\_\_\_\_  
\_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_