



Carlos Alvarez, Mayor

- ADA Coordination
- Agenda Coordination
- Animal Services
- Art in Public Places
- Audit and Management Services
- Aviation
- Building
- Building Code Compliance
- Business Development
- Capital Improvements
- Citizens' Independent Transportation Trust
- Commission on Ethics and Public Trust
- Communications
- Community Action Agency
- Community & Economic Development
- Community Relations
- Consumer Services
- Corrections & Rehabilitation
- Cultural Affairs
- Elections
- Emergency Management
- Employee Relations
- Empowerment Trust
- Enterprise Technology Services
- Environmental Resources Management
- Fair Employment Practices
- Finance
- Fire Rescue
- General Services Administration
- Government Information Center
- Historic Preservation
- Homeless Trust
- Housing Agency
- Housing Finance Authority
- Human Services
- Independent Review Panel
- International Trade Consortium
- Juvenile Services
- Medical Examiner
- Metro-Miami Action Plan
- Metropolitan Planning Organization
- Park and Recreation
- Planning and Zoning
- Police
- Procurement Management
- Property Appraisal
- Public Library System
- Public Works
- Safe Neighborhood Parks
- Seaport
- Solid Waste Management
- Strategic Business Management
- Team Metro
- Transit
- Task Force on Urban Economic Revitalization
- Vizcaya Museum And Gardens
- Water & Sewer

Strategic Business Management
 Revenue Maximization and Grants Coordination Division
 Ryan White Program
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miamidade.gov

August 29, 2007

REVISED LETTER

Dear Ryan White Part A-funded Service Provider:

RE: Financial Eligibility Documentation

In an effort to ensure that appropriate documentation is used to support a Ryan White client's financial eligibility status, the Office of Strategic Business Management, Ryan White Part A Program is revising its policy regarding a client's self-declaration of **ZERO INCOME** for economic status and/or a letter from the head of household. The Ryan White Program's current client eligibility policies are found in Article VII, Section 7.1.A (2) of your organization's Professional Services Agreement with Miami-Dade County to provide Ryan White-funded services. They are also detailed in the Agreement's corresponding Scope of Services (Exhibit A).

Effective September 1, 2007, OSBM's Ryan White Part A Program will no longer accept a client's self-declaration of ZERO INCOME for economic status as proof of financial eligibility. Case managers must inform clients that in order to receive Ryan White-funded services they must be responsible for providing information and supporting documentation validating their economic status.

Also effective September 1, 2007, and if applicable, OSBM's Ryan White Part A Program will require a notarized statement from the head of household in which the client resides, attesting to the financial dependency of the client on the head of household. This notarized statement will only be allowed if the head of household and client do not have co-mingled income and/or assets. A sample statement is attached.

Please disseminate this policy change to all appropriate staff immediately. If you have any questions concerning this revision, please contact me or Carla Valle-Schwenk, Program Administrator, at (305) 375-4742.

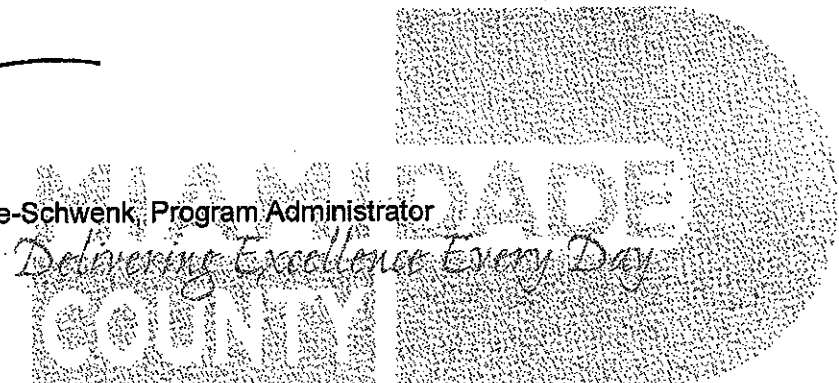
Thank you for your understanding and cooperation.

Sincerely,



Theresa Flatto
 Program Director

cc: Carla Valle-Schwenk, Program Administrator



Date of letter

RE: Statement of Financial Support by me to ((name of Ryan White Client))

To: ((Case Manager Name)), ((Agency Name))

This letter documents that (name of Ryan White client) lives with me and/or is supported by me as my (son) (daughter) (domestic partner) (friend) (father) (mother) (etc) at my address as listed below.

I attest to the following (check all that apply):

- I am a resident of Miami-Dade County, residing at ((street address, city, zip code)) in Miami-Dade County. I am the head of the household at that address.
- ((Client name)) is financially unable to live independently, and I provide (him/her) with a place to stay. ((he/she)) has been living with me in this arrangement since ((date when living arrangement began)).
- ((Client name)) receives financial support from me in order to reside in their own residence at the address listed below.
- My income is independent of the income of ((client name)) and is not co-mingled. We do not have joint checking accounts, savings accounts, investments, real property or any other assets held in joint tenancy. I have no access to ((client name's)) income or assets, and ((he/she)) has no access to mine.

I provide ((dollar amount)) per ((month)) in financial support and/or value to ((name of client)) for housing/shelter \$ _____, food \$ _____, clothing \$ _____, utilities \$ _____, other \$ _____.

If you have any questions concerning the separation of our assets and income, please contact me at XXX-XXXX.

Signed: _____ Date: _____

Printed name: _____

My Address: _____

Client Address: _____

NOTARY PUBLIC, STATE OF FLORIDA

SUBSCRIBED AND SWORN TO (of affirmed) before me this ____ day of ____, 20__

He/She is personally known to me or has presented _____ as identification. Type of Identification

Signature of Notary

Serial Number

Print or Stamped Name of Notary

Expiration Date