



Notice of Eligibility (NOE)



Date

Client First Name	Client Middle Initial	Client Last Name	DOB (MM/DD/YYYY)	Client ID Number*

Client Street Address	City	State	Zip	Phone Number

This Notice of Eligibility signifies that the above client has been determined to meet eligibility requirements for Ryan White Part A and B Programs in Florida. Additional documentation may be required to receive specific services based on availability, accessibility, and funding within each program or jurisdiction.

This client’s eligibility status for Ryan White Part A and B Programs in Florida is valid for a maximum of 366 days from the date noted above on this Notice of Eligibility.

Household Size: #	Gross Household Income: \$	FPL: %

This client’s eligibility must be recertified no later than (MM/DD/YYYY):

Eligibility Staff Name	Agency Name

Agency Street Address	City	State	Zip Code	Phone Number

The client should keep this NOE in a safe place. The client may be asked to provide this NOE to receive services.

*This client ID number is specific to the program/jurisdiction issuing the NOE.