

**MIAMI-DADE COUNTY
RYAN WHITE PROGRAM (Part A, MAI, and EHE)
CLIENT GRIEVANCE POLICY AND PROCEDURES
ACKNOWLEDGMENT**

Name of Client *(please print clearly)*

By signing below, I confirm that I was informed of the Client Grievance Policy and offered a copy. This includes the procedures specific to the Miami-Dade County Ryan White Program. I understand that I can ask for help if I have any questions.

Signature of Client or Authorized Representative

Date

For Subrecipient Use Only:

CIS#: _____