Ryan White Care Services Six Month Self-Attestation of Eligibility Changes

Ryan White Care Services requires an update to your eligibility every six (6) months. Please answer **all** questions below and provide any required documents for changes in your income, insurance status, or residency.

This self-attestation form will only be accepted for the Ryan White Care Services localized program eligibility processes. THMP will NOT accept this form as proof of eligibility for any THMP programs.

Name: **Phone Number:**

Social Security Number: **Date of Birth:**

Address► (please provide your current address)

Residential address:

Mailing address:

If you have moved, please include a copy of your driver's license with your new residential address, utility bill, rental agreement, or other documentation of your new address

Income (Includes income of legal or common law spouse if married)

- I/We have no income
- My/Our income has not changed
- My/Our income has changed

If your income has changed since your last recertification, please include appropriate documentation of a tax return form, two consecutive paystubs, Social Security award letter, or other documentation to prove your income.

Insurance Status

- Medicaid
- Medicare
- Medicare Part D
- ACA health plan
- Private Insurance
- No Form of Insurance

If you have insurance coverage of any kind, please include front and back copies of your insurance cards.

Client *or* Staff Signature: ______________________________ **Date:** ______________

I attest that my signature on this form indicates the information provided is accurate and complete to the best of my knowledge.

*****In person attestations must be signed by the client. Phone attestations must include the name, signature, and agency name of the staff member completing the form. *****

Staff Name: ____________ **Agency/Program:** ____________ **Phone #:** ____________ **Fax #:** ____________