EFS Tri-County Ryan White Part A

Intake Eligibility Attestation Form

Client Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Eligibility proof must be collected at Intake Assessment and at any other time there is a change.

1. Do you have proof of address? 🞎 Yes 🞎 No

If yes, type of proof of residence collected and in client file:

🞎 Government Benefit Card/Letter 🞎 Lease/Tenancy Agreement

🞎 Bank Statement 🞎 Bill (e.g., phone, cable, electric)

🞎 Drivers License 🞎 U.S. Immigration, Naturalization, Citizenship Card

🞎 NYS Voter Registration Card 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, list client follow-up action if no proof of address was provided today (e.g., client will mail in copy of phone bill this week).

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1. Do you have proof of income? 🞎 Yes 🞎 No

If yes, type of proof of income collected and in client file:

 🞎 Government Benefit Card (Medicaid/ADAP) 🞎 Paystubs

 🞎 Unemployment/Pension 🞎 SSI/Public Assistance Award Letter

 🞎 Personal Notarized Letter (for zero income) or Employer’s Notarized Letter

 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, list client follow-up action if no proof of income was provided today (e.g., client will bring in copy of SSI award letter next month).

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1. Do you have proof of health insurance? 🞎 Yes 🞎 No

If yes, type of proof of health insurance collected and in client file:

🞎 ADAP 🞎 Medicaid

🞎 Private 🞎 Medicare

🞎 Self-Pay 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, list client follow-up action if no proof of insurance was provided today (e.g., client will mail in copy of ADAP card next week).

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Staff Signature Date