VDH VIRGINIA DEPARTMENT OF HEALTH

Case Manager Attestation for Client Residency

Virginia Ryan White Part B

In working with this client, I have assessed that they currently reside at the following address:

Street: _____

City: _____

State: _____

ZIP: _____

They have been notified to contact us when there are any changes or updates to their address/residency.

They also confirm that all information provided is complete to the best of their knowledge. They confirm understanding that if changes are not made known, or if the information provided is not complete, continued access to Ryan White Part B funded services may be discontinued or denied.

Client Name: _____

Case Manager Printed Name: _____

Case Manager Signature: _____

Agency Name: _____

Date: _____