VDH VIRGINIA DEPARTMENT OF HEALTH

Case Manager Attestation to No Income

Virginia Ryan White Part B

In working with this client, I have assessed that they currently have no source of income. They have been notified to contact us when there are any changes or updates to their income status.

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 Printed Name: _____

Case Manager Printed Name: _____

Case Manager Signature: _____

Agency Name: _____

Date: _____