



**Nevada Ryan White All Parts
Common Guidance Document 18-06A
Universal Eligibility Application - Six Month Self-Attestation**

For Administrative Use Only:	New Ryan White Eligibility:	Start Date: _____	End Date: _____
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Name:		Date of birth _____
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If client's name has changed since your last recertification, please provide supporting documentation (e.g., marriage certificate, divorce decree, Driver's license, Passport, or ID card.)

Address: <input type="checkbox"/> No Change	Street:	City:	State:	Zip:
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*If client's residency status has changed since their last recertification, please complete the **Residency Section** of the Client Change of Information Form and include documentation of the change.*

Insurance Status: <input type="checkbox"/> No Change	<input type="checkbox"/> New change as of (date) _____ <input type="checkbox"/> No form of insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare Part A/AB <input type="checkbox"/> Medicare Part D	<input type="checkbox"/> ACA health plan <input type="checkbox"/> Private Insurance <input type="checkbox"/> VA/CHAMPUS <input type="checkbox"/> Other (specify): _____
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*If client's insurance status has changed since their last certification, please complete the **Insurance Section** of the Client Information Form and include documentation.*

Income: <input type="checkbox"/> No Change	<input type="checkbox"/> New change as of (date) _____ <input type="checkbox"/> I/we have no income <input type="checkbox"/> Work income (increase or decrease) <input type="checkbox"/> Self-employment income <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Social Security Income (SSI) <input type="checkbox"/> Social Security Disability Income (SSDI)	<input type="checkbox"/> Short/Long term disability <input type="checkbox"/> Pension/retirement income <input type="checkbox"/> Veterans' benefits <input type="checkbox"/> Alimony/Child support <input type="checkbox"/> Stocks, bonds, cash dividends, trust, investment income, royalties <input type="checkbox"/> Spouse's income <input type="checkbox"/> Other Income (List source) _____
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*If client's income status has changed since their recertification, please complete the **Income section** of the Client Change of Information Form and include documentation of change).*

Household size: <input type="checkbox"/> No Change	<input type="checkbox"/> New change as of (date) _____ Current household size _____
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*If client's household size has changed since their last recertification, please complete the **Household section** of the Client Change of Information Form and include documentation of change.*

Client Signature: _____ **Date:** _____
I attest that my signature on this form indicates the information provided is accurate and complete to the best of my knowledge.

Staff Signature*: _____ **Date:** _____
In person self-attestations must be signed by the client, non-personal attestations must include "Signing for the Client" in the client signature block **AND the signature of the case manager completing the form.*

To be completed by MCM Agency	Case Manager Name:	Subrecipient Agency:	Client URN:
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