



**Nevada Ryan White Parts ABCD
Common Guidance Document
Supplement Document Spacer Form(s)**

The following forms may be used to meet eligibility criteria for Proof of Diagnosis, Residency, and Income only when client has no documentation of proof. If any of these documents are utilized case managers will submit the completed forms with the application.



**Nevada Ryan White All Parts
Common Guidance Document 15-39
Request for Proof of Diagnosis**

Client Name _____ DOB: _____

The client noted above has requested services from the Ryan White HIV/AIDS Program. The Common Guidance from Ryan White Parts ABCD requires medical verification of diagnosis to determine eligibility for services. This is only at the client's initial enrollment only.

I hereby give my permission to _____ to release the required information to the Ryan White Parts ABCD eligibility providers.

Client Signature _____ Date _____

This section to be completed by your medical provider

DIAGNOSIS INFORMATION

- | | |
|---|--|
| <input type="checkbox"/> HIV Positive (not AIDS) | <input type="checkbox"/> CDC defined AIDS |
| <input type="checkbox"/> HIV Positive (AIDS Status Unknown) | <input type="checkbox"/> HIV Indeterminate |

HIV Diagnosis Date: _____ AIDS Diagnosis Date: _____

If available, please attach client's latest CD4 and Viral Load lab work.

Clinician Printed Name: _____

Clinician Signature: _____

License Number: _____ State Issued: _____

Telephone Number: _____ Date: _____

Dependent Support Form

Date: _____

Client Name: _____ DOB: _____

Client Address: _____

If client has no means of support, please indicate the current living arrangement:

Permanent House Guest

Temporary House Guest

Transitional Housing

Other: _____

Do you provide financial assistance for the client, such as assistance with food, water, cash, or basic needs? Yes No

The person providing support for the above applicant certifies the following:

I, _____, hereby affirm, under penalty of perjury, that I have been providing support of the person named above and to the best of my knowledge declare that his person has no other primary means of support.

I have provided support (financial or room and board) since: _____

Supporter's Name (please print): _____

Address (if different than above): _____

Telephone Number: _____

Relation to the Client: _____

Supporter's Signature: _____

Verification of Residence Form

Date: _____

Client Name: _____ DOB: _____

My current physical address:

_____ (Street)

_____ (City, State, Zip)

My monthly rent is:

\$

/ per month

My mailing address is:

(if different than physical address)

_____ (Street)

_____ (City, State, Zip)

I hereby declare that the above information regarding my current living situation is true.

_____ (Client Signature) _____ (Date)

I hereby declare that the above information regarding my tenant's living situation is true.

_____ (Landlord name - please print) _____ (Landlord Signature) _____ (Date)



Nevada Ryan White Parts ABCD Common Guidance Document Profit and Loss Statement for Self-Employment

Client Name: _____ Date: _____
Company Name: _____
Company Address: _____
Type of Profession: _____

Please fill in the fields that apply to you

| GROSS INCOME | |
|--|----|
| Gross Sales <i>(Total amount of income from sales or services before subtracting expenses)</i> | \$ |
| Other Income <i>(Any other additional funds earned through the company such as payments from people leasing space or payments from investors)</i> | \$ |
| Total Gross Income Before Taxes and Expenses | \$ |

| EXPENSES | |
|--|----|
| Cost of Goods Sold- <i>(Direct costs to produce or obtain the goods sold by the company)</i> | \$ |
| Accounting and Legal Fees | \$ |
| Advertising | \$ |
| Insurance | \$ |
| Maintenance and Repairs | \$ |
| Supplies | \$ |
| Payroll Expenses- <i>(Salaries and wages for employees of the company)</i> | \$ |
| Postage | \$ |
| Rent | \$ |
| Licenses | \$ |
| Taxes | \$ |
| Telephone | \$ |
| Travel/Transportation | \$ |
| Utilities | \$ |
| Other | \$ |
| Other | \$ |
| Other | \$ |
| Total Expenses | \$ |

| NET INCOME | |
|---|----|
| Gross Income | \$ |
| Total Taxes and Expenses | \$ |
| Total Net Income (Gross Income Minus Taxes and Expenses) | \$ |

I hereby declare that the above information regarding my personal business income is true.

Client Signature

Date