

CERTIFICATION OF NO CHANGE TO ELIGIBILITY REQUIREMENTS

Date: _____

Name: _____

Address: _____

COMPLETED BY ELIGIBILITY STAFF AND BASED ON INITIAL ELIGIBILITY DETERMIANTION:

FPL: _____

HOUSEHOLD INCOME: _____

HOUSEHOLD CASH ASSETS: _____

HOUSEHOLD SIZE: _____

% OF MEDIAN HH INCOME: _____

COMPLETED BY APPLICANT:

I certify, to my knowledge, there have been no changes to my eligibility requirements or the changes which have occurred would not affect my eligibility status for receiving allowable services from the HIV/AIDS Patient Care Programs.

The changes which have occurred have been noted as follows:

- Income and cash asset:

- Participation in other Social Service Programs:

I have provided a copy of my latest pay stub or other required documentation as requested by eligibility staff to verify my income and cash assets.

CLIENT'S SIGNATURE: _____ DATE: _____

ELIGIBILITY STAFF: _____ DATE: _____

Valid only if printed on eligibility agency letterhead