

**FLORIDA HIV/AIDS PROGRAM  
CLIENT HOUSING SUPPORT SERVICE PAYMENT ASSISTANCE WORKSHEET**

This worksheet allows you to keep track of the housing assistance provided through Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue.

**NOTE:**

- Housing assistance cannot exceed 12 months (consecutive or not) within a 24-month period.
- One month of assistance includes rent and/or utility assistance, and is based on funding availability.

**24-month period start date:** \_\_\_\_\_ **24-month period end date:** \_\_\_\_\_

Assist Month	Dates	Type of Assist (rent, utility, hotel)	Payment Amount	Vendor Name	Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					