



## Notice of Eligibility

**Date**

**Client Name/Address**

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This Notice of Eligibility signifies that the above client has been determined eligible to receive allowable services from the Florida Department of Health Ryan White Part B Program, one of Florida's six Ryan White Part A Programs, or a subcontractor of one of these Ryan White Part A or Part B entities. Services are based on availability, accessibility and funding. The State Housing Opportunities for Persons With AIDS (HOPWA) program requires additional assessment of program qualifications.

Client's eligibility status for receiving allowable services from the HIV/AIDS Patient Care Program is valid for a maximum of 366 days from the date noted above on this Notice of Eligibility.

Household Size:	Income: \$	FPL: %
Other Programs (list all that apply):		

**Determination Due No Later Than (MM/DD/YYYY):**

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**Eligibility Staff Name**

**Agency Name, City, State, Zip Code**

**Phone**

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**Keep this Notice of Eligibility in a safe place. Bring this notice with your photo identification when meeting with an ADAP or HOPWA staff member or case management about Ryan White Part A and/or B services.**