



Client Eligibility Update Form

Date

Form Completed By:
<input type="checkbox"/> RWP A
<input type="checkbox"/> RWP B

Ryan White Part (RWP) A and B programs in Florida require client eligibility to be reviewed and confirmed every year. This Client Eligibility Update Form allows existing clients to submit information to your eligibility or case management agency as required to determine eligibility for the next 12 months.

You must recertify your eligibility every 366 days. This form may be used for the first annual recertification and then alternating years thereafter to recertify client eligibility status.

Client Name:	Client DOB:
Phone:	E-mail:
Address: <i>(Please provide your current home address)</i>	
<p><i>Since your initial certification or annual recertification one year ago, have you changed your home address?</i></p> <p><input type="checkbox"/> No, my home address has not changed. <input type="checkbox"/> Yes, my home address has changed. *</p> <p><i>*If your current home address has changed from your last certification, please provide documentation to determine if this change affects your eligibility for RWP A or B services.</i></p>	
Living Arrangement	
<p><i>Since your initial certification or annual recertification one year ago, has your living arrangement changed?</i></p> <p><input type="checkbox"/> No, my living arrangement has remained the same. <input type="checkbox"/> Yes, my living arrangement has changed. *</p>	<p>Select current living arrangement:</p> <p><input type="checkbox"/> Stable/permanent (own home, renting, HOPWA-funded housing assistance, Section 8 housing, public housing, etc.) <input type="checkbox"/> Temporary (transitional housing, temporarily living with family or friends, hotel or motel paid without a voucher, etc.) <input type="checkbox"/> Unstable (emergency shelter, hotel or motel paid with a voucher, homeless, prison, jail, etc.)</p> <p><i>*If your current living arrangement has changed from your last certification, please provide documentation to determine if this change affects your eligibility for RWP A or B services.</i></p>

Household Income *(Includes income of spouse and dependents, if applicable)*

Current Household Size: _____ Current Household Income: _____
Monthly OR Annually
(circle one)

Since your initial certification or annual recertification one year ago, has your income or household size changed?

- No, the income and household size has remained the same.
- Yes, the income AND/OR household size has changed. *

**If your current household size and/or income has changed, please provide documentation to determine if this change affects your eligibility for RWP A or B services.*

Insurance Status

Since your initial certification or annual recertification one year ago, has your insurance status changed?

- No, my insurance status has remained the same.
- Yes, my insurance status has changed. *

- Select current insurance status:
- Medicaid
 - Child Health Insurance Program (CHIP)
 - Medicare (A, B, C or D)
 - ACA/Marketplace Health Plan
 - Employer-Sponsored Health Insurance
 - Other Private Insurance
 - No Insurance

**If your current insurance status has changed, please provide documentation to determine if this change affects your eligibility for RWP A or B services.*

The information provided by me above is true, accurate and complete to the best of my knowledge. I understand that providing false information may disqualify me from receiving RWP A or B services. I also understand that RWP A and B cannot pay for services that have been paid or can reasonably be paid by any other source (e.g., state, federal or private entity) that provides the same health benefits or services.

Client/Legal Representative Signature: _____ Date: _____

Print Client Name: _____

*** In-person certifications must be signed by the client/legal representative and staff. Certifications not made in person (phone, email, mail, etc.) must include the name, signature and agency name of the staff member completing the form. ***

Staff Signature:

Date:

Staff Name:

Agency Name:

Phone #: