

# RYAN WHITE CLIENT INFORMATION FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ No Changes – Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Client Contact Information

Legal First Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

☐ Currently Homeless

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Method(s) of contact: ☐ Call ☐ Text (if applicable) ☐ E-mail ☐ Letter ☐ Home Visit

\_\_\_\_\_  
(client initials)

May confidential messages be left on voicemail? ☐ Yes ☐ No

If YES: What information can we leave? ☐ Name ☐ Number ☐ Agency information

Has the court appointed someone to make decisions on your behalf? ☐ Yes ☐ No

If YES: Guardian/Conservator Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Is your emergency contact aware of your HIV diagnosis? ☐ Yes ☐ No

## Updated Client Contact Information

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

☐ Currently Homeless

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_