

Please fax to Columbus Public Health at 614.645.0746  
Attention: Ryan White Part A Eligibility Exception

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ Initial Request  
☐ Request Renewal

**1. Client Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

**2. Reason for Exception** *(Check all that apply)*

- ☐ Zero income  
☐ Significant safety or confidentiality concern  
☐ Homeless (living in a hotel/motel, shelter, abandoned car, campground, street), must include reason for lack of documentation of proof of residency along with general area and zip code of where the client resides  
☐ Other documentation to be used to show eligibility than what is listed in the policy  
☐ Other (Please List) \_\_\_\_\_

**3. Exception Request Description** *(Please provide additional information that will help justify the need for an exception)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Exception Request Sign-Off**

Name of Professional: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Professional: \_\_\_\_\_

**CPH Office Use Only:**

Request Approved: ☐ Yes ☐ No ☐ More information needed

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Decision Notification: \_\_\_\_/\_\_\_\_/\_\_\_\_