

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

### 1. Client Information

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

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

### 2. Declaration of Homelessness

I declare that I currently reside in the Columbus Transitional Grant Area, which includes Delaware, Franklin, Licking, Madison, Morrow, Pickaway, and Union counties, and that I meet one of the following conditions of homelessness:

- ☐ Live in a hotel, motel, or weekly rate housing
- ☐ Live in a shelter (family, youth, men's, women's, or domestic violence, or transitional housing)
- ☐ Live in a car, street/land, campground, or an abandoned building
- ☐ Other: \_\_\_\_\_
- ☐ Other (Please List) \_\_\_\_\_

General area and zip code of current residence: \_\_\_\_\_

I am aware that providing false, incomplete or inaccurate information regarding my residency may result in my inability to receive further assistance from the Ryan White Part A Program.

\_\_\_\_\_  
Signature

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