

Declaration of Residence for Ryan White Part B/HMAP

(For individuals with no proof of residence)

I have applied for assistance through the North Carolina Ryan White Part B Program and/or HMAP. I understand that individuals who reside outside of North Carolina are ineligible for these services. I understand that proof of residence is required. I cannot provide documentation of a North Carolina address for the following reason(s):

Provide a thorough explanation as to why no proof of residence is available, as well as a thorough explanation of where you live and with whom you live.

Address (Street, City, State, and Zip Code) where the client resides: *This should correspond with Boxes 17 and 18 on DHHS Form 3014/3056. If the client is homeless, please provide a street address for mailing purposes (shelter, case manager's office, clinician's office, family member, etc.).*

I understand that by completing, signing, and dating this form, I certify the information provided is accurate and true. I understand intentional misrepresentation may require repayment to the state for the value of the HMAP medication(s) and/or Ryan White Part B service(s) received. I will notify the person completing this form immediately if my residency situation changes.

Applicant/Client Name: _____

Applicant/Client Signature: _____ Date: _____

Case Manager/Witness Name: _____

Case Manager/Witness Signature: _____ Date: _____