

## Ryan White Status Update Form

Ryan White programs require clients provide updates to income, health insurance, name change and address status when these have changed.

Date:

Client Name:	Client ID:
<input type="checkbox"/> <b>Income</b> Attach income verification documents. (Gross income is the total before taxes and other deductions) Gross Individual monthly income: Gross Family monthly income:	
<input type="checkbox"/> <b>Insurance</b> Attach a copy of new insurance card, front and back Circle one: New type of insurance                  Lost insurance                  Changed plans	
Name of Insurance: Insured through (private, ACA market place, employer, spouse, or other)	
<input type="checkbox"/> <b>Name Change</b> Attach copy of new Driver's License or court document Current Legal Name:                                  Previous Name:	
<input type="checkbox"/> <b>Address Change</b> address, city state, zip New Address:	
<input type="checkbox"/> <b>Household Size</b> Current Household Size:                                  Previous Household Size:	

Client Acknowledgement:

This program involves the receipt of federal and/or state funds; any person supplying false information is subject to state and/or federal criminal prosecution, which may result in fines, imprisonment, or both. Additionally, there will be an automatic six-month suspension from RWPB Programs and ADAP.

The above information is true to the best of my knowledge.

\_\_\_\_\_  
**Client/Guardian Signature**

\_\_\_\_\_  
**Date**