

# Ryan White Part A Registration Letter



Thank you for your recent registration and interest in receiving Ryan White Part A services. The Ryan White Part A HIV/AIDS Program is a federal program that addresses the unmet health needs of persons living with HIV/AIDS (PLWH/A) by funding primary health care and support services that enhance access to and retention in care.

The eligibility process for this program begins today, \_\_\_\_\_. Your eligibility begin date is \_\_\_\_\_ and your eligibility end date is \_\_\_\_\_. It is your responsibility to schedule an appointment by \_\_\_\_\_ for you eligibility redetermination.

If you have any questions about your eligibility approval, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
Agency Name/Phone Number

It is important to stay connected. Please report any changes to your registering agency. These changes may include your address, telephone number, financial needs, living arrangements, services needs or physicians name. Thank you again for your interest in Ryan White Part A services.

\_\_\_\_\_  
Client's Signature Date

\_\_\_\_\_  
Parent or Guardian Date

\_\_\_\_\_  
Registering Agency Staff Member Date