

# Ryan White Part A Verification of No Income



I, \_\_\_\_\_, have requested services from Ryan White  
Client's Name  
Part A which requires verification of all income. I have stated during this  
verification that I have no income at this time.

I have not received income since \_\_\_\_\_.

I do not expect to receive income until \_\_\_\_\_.

I have applied for DDS or SSI on \_\_\_\_\_.

I understand that the above information is true and correct and understand that willfully giving false information will disqualify me from services and may result in legal/criminal action.

I further agree that if my financial status changes, I must immediately notify the Ryan White Part A eligibility agency and provide documentation of income.

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

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

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

\_\_\_\_\_  
**Client Name** **Client URN#**