



Residency Attestation

I, _____, swear or affirm that I reside in Ohio, and the address provided for Ryan White Part B enrollment is my current residency.

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

Client Signature

Date

By checking this box, the professional (medical or non-medical case manager) is assuring that the client named on this document has provided a verbal attestation. The client is not able to provide their signature due to precautions in place due to COVID-19.

Professional (Case Manager's) Signature

Date