

# RYAN WHITE CLIENT INFORMATION FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

No Changes – Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Client Contact Information

Legal First Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

Currently Homeless

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Method(s) of contact:  Call  Text (if applicable)  E-mail  Letter  Home Visit

\_\_\_\_\_  
(client initials)

May confidential messages be left on voicemail?  Yes  No

If YES: What information can we leave?  Name  Number  Agency information

Has the court appointed someone to make decisions on your behalf?  Yes  No

If YES: Guardian/Conservator Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Is your emergency contact aware of your HIV diagnosis?  Yes  No

## Updated Client Contact Information

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

Currently Homeless

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_