

Please fax to Columbus Public Health at 614.645.0746
Attention: Ryan White Part A Eligibility Exception

Date of Request: ____/____/____

- Initial Request
 Request Renewal

1. Client Information

First Name: _____ Last Name: _____

Date of Birth: ____/____/____

2. Reason for Exception (Check all that apply)

- Zero income
 Significant safety or confidentiality concern
 Homeless (living in a hotel/motel, shelter, abandoned car, campground, street), must include reason for lack of documentation of proof of residency along with general area and zip code of where the client resides
 Other documentation to be used to show eligibility than what is listed in the policy
 Other (Please List) _____

3. Exception Request Description (Please provide additional information that will help justify the need for an exception)

4. Exception Request Sign-Off

Name of Professional: _____

Email Address: _____

Phone Number: _____

Signature of Professional: _____

CPH Office Use Only:

Request Approved: Yes No More information needed

Notes:

Date of Decision Notification: ____/____/____