
Appendix B

Client Attestation of Residency

I, _____, swear or affirm that I currently reside in the Columbus Transitional Grant Area, which includes Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway, and Union counties.

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

Client Signature

Date