

**Ryan White Part A Request for Client Assistance  
Funds Fiscal Year 2017 - 2018**

**EFA/UTILITIES**

**Client URN:** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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**Reason for Request (Please be specific):**

**List the other funding sources you have attempted to access to get this request paid. If you received a payment, please indicate the amount(s). That amount will be deducted from the request.**

**Has the client applied for any of the following assistance programs? If so, please indicate date of application and outcomes.**

**NUSTART** \_\_\_\_\_ **CRT** \_\_\_\_\_ **Gas Co.** \_\_\_\_\_

**Operation Fuel** \_\_\_\_\_ **Other** \_\_\_\_\_

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**Amount of Request:** \_\_\_\_\_ **Check Payable to:** \_\_\_\_\_

**Mail payment to:**

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**Case Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Case Manager Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY** **Funds Used:**  RWA  RWB