

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

EFA/UTILITIES

Client URN: _____

Case Manager: _____ **Email:** _____

Agency: _____

Address: _____

Phone: _____ **Fax:** _____

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** _____

Amount of Request: _____ **Check Payable to:** _____

Mail payment to:

Case Manager Signature: _____ **Date:** _____

Case Manager Supervisor Signature: _____ **Date:** _____

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