

DECLARATION OF NO INCOME OR SUPPORT

Michigan Department of Health and Human Services
HIV Care Programs

Applicant Information (Please print)

Legal Last Name	Middle Initial	Legal First Name
MIDAP Number (if applicable)	Social Security Number	
Date of Birth	Phone Number	
Street Address	Apartment #, Lot #, Suite #	
City	State MI	Zip Code

Declaration of No Income or Support

By signing this form, I hereby certify that I have no source of income or additional support. If at any point my circumstances change where I receive an income or support, I will communicate this change to Ryan White Programs, the Michigan Drug Assistance Program, and/or the Michigan Dental Program.

Applicant's Printed Name	Applicant's Signature	Date
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This declaration form is for client eligibility determination for the following: (check all that apply)

- Ryan White funded agency programs**, ensure a copy is saved in the client file.
- Michigan Drug Assistance Program** application processing, please mail or fax the completed declaration form along with the completed MIDAP application to the address/fax number listed below:
- Michigan Drug Assistance Program (MIDAP)
Phone: 888-826-6565 Fax: 517-335-7723
109 Michigan Avenue, 9th Floor, Lansing, MI 48913
- Michigan Dental Program** application processing, please mail or fax the completed MDP application to the address/fax number listed below:
- Michigan Dental Program (MDP)
Phone: 844-648-3384 Fax: 517-335-8697
109 Michigan Avenue, 8th Floor, Lansing, MI 48913

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.