

DECLARATION OF RESIDENCY
Michigan Department of Health and Human Services
HIV Care Programs

Current Residence (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

Certification

By signing this form, I hereby certify that the residence listed above is the primary residence for the applicant listed below. I understand that this form must be signed and dated by a third party who cannot be a member of my household.		
Applicant's Printed Name	Applicant's Signature	Date
Third Party Printed Name	Signature of Third Party	Date
Third Party Phone Number		

This declaration form is for client eligibility determination for the following: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Ryan White funded agency programs , ensure a copy is saved in the client file. | <input type="checkbox"/> 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, 8 th Floor, Lansing, MI 48913 |
| <input type="checkbox"/> 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, 9 th 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.