STATEMENT OF HIV VERIFICATION

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Note: This form may be filled out by a physician, certified health care worker, or HIV testing site Representative.

I certify thathas tested positive for the Human Immunodeficiency Virus. Printed Name: Signature: License #: (if applicable) State Issued: Date: Telephone: () Fax: () Address:	Applicant's Name:		
tested positive for the Human Immunodeficiency Virus. Printed Name:	Social Security Number:		
Printed Name:	I certify that		has
Signature:	tested positive for the Huma	n Immunode	eficiency Virus.
License #: (if applicable) State Issued: Date: Telephone: (Fax: (Address:	Printed Name:		
Date: Telephone: () Fax: () Address:	Signature:		
Telephone: (License #:	(if applica	ble) State Issued:
Fax: () Address:	Date:		
Address:	Telephone: ()		
	Fax: ()		
City State 7in	Address:		
City State Zip	City	State	Zip
	NOTES:		