ND RYAN WHITE PROGRAM PART B REQUEST FOR EMERGENCY ASSISTANCE

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 58588 (11-13)

Applicant's Name	ND Ryan White Client Number
Date Application Completed	

Assistance Requested

☐ Rent ☐ Housing Deposit ☐ Utility Deposit ☐ Telephone Bill
☐ Electricity Bill ☐ Gas Bill ☐ Water Bill
☐ Other (explain) _____

Action Plan & Client's Responsibilities

_____
_____
_____
_____
_____

Time Period Requested

_____
_____
_____

Progress Notes

_____
_____
_____
_____
_____
_____
_____
_____

Signatures

_____ _____
Client Date

_____ _____
Case Manager Date

ND Ryan White Program Part B Coordinator Approval/Denial

☐ Approved ☐ Denied