# Single Provider Statement

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have requested to receive services at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agency.

I understand that this agency will be my sole lodation for Ryan White Part B and HOPWA services and by siging state that I am not currently recieveing the same services at another organization.

I understand that receiving the same services at two organizations may result in loss of services completely.

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Client Print Sign Date

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Staff Print Sign Date