



Client Intake Form

ARIES

ARIES Application for Services

In applying for services at _____ I attest that I meet the following criteria:

- I am HIV positive, as shown by a HIV antibody test or proof of diagnosis from my physician.
- I am a resident of Texas.
- I reside within one of the following Texas counties: Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, Wilson, Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kieberg, Live OAK, McMullen, Nueces, Refugio, San Patricio, Dimmit, Edwards, Kinney, La Salle, Maverick, Real, Uvalde, Val Verde, Zavala, Calhoun, DeWitt, Goliad, Gonzales, Jackson, Lavaca, Victoria
- I do not claim residency in any other state.
- I maintain a residence within the county indicated and not merely a post office box.

By signing below I confirm that this form is complete, and to the best of my knowledge all information contained herein is accurate.

Client Name: _____
(Please Print)

Signature: _____ Date: ____ / ____ / ____

Case Manager/
Intake Coordinator: _____
(Please Print)

Signature: _____ Date: ____ / ____ / ____