



RELEASE OF INFORMATION

I, _____, DO HEREBY GIVE WINGS HOUSING SOCIETY PERMISSION
TO VERIFY THE MEDICAL INFORMATION ON THIS FORM AS WELL AS THE INFORMATION ON MY APPLICATION FOR SUBSIDIZED HOUSING.

SIGNATURE: _____ DATE: _____

DEAR MD/RN,
THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM IN A LEGIBLE AND INFORMATIVE MANNER. YOUR PATIENT IS APPLYING FOR
HOUSING WITH US. IN ORDER TO COMPLETE THEIR APPLICATION AND ACCURATELY ASSESS THEIR NEED WE RELY ON THIS INPUT FROM YOU.

CD4 COUNT: HIGHEST _____ LOWEST _____
VIRAL LOAD: HIGHEST _____ LOWEST _____

CURRENT MEDICATIONS

FAILED/NOT TOLERATED

_____	_____
_____	_____
_____	_____
_____	_____

HIV RELATED ILLNESSES & OTHER COMPLICATIONS

OFFICE STAMP

MD/RN'S SIGNATURE: _____

OFFICE PHONE: _____

DATE: _____