



## Client Application

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

When is the best time of day to reach you? \_\_\_\_\_

Is it ok to leave a message with our name and the agency name?

Yes

No

Please mail this form to:  
HIV Alliance  
Attn: Intake Coordinator  
1966 Garden Avenue  
Eugene, OR 97403

Or fax to:  
541-342-1151