



**Health & Mental Health Services**

Jeffrey Goodman Special Care Clinic  
Mental Health Services  
Sexual Health Program  
Women's Health Program

**STATEMENT OF WEST HOLLYWOOD AFFILIATION**

Los Angeles LGBT Center

For statistical purposes of Health & Mental Health Services, I hereby acknowledge that the following is true:

I am a resident of West Hollywood.

I attend school in West Hollywood.

Address: \_\_\_\_\_

Name/Address of School: \_\_\_\_\_

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

I am employed in West Hollywood.

I own a business in West Hollywood.

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

I own real property in West Hollywood.

I am homeless and spend the majority of my time in West Hollywood.

Address: \_\_\_\_\_

Address/Location/Intersection most frequented \_\_\_\_\_

Zip: \_\_\_\_\_

I am not affiliated with West Hollywood.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(This section is for staff use only)

Address(es) verified as being in West Hollywood.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATEMENT OF WEST HOLLYWOOD  
AFFILIATION**

Name: \_\_\_\_\_

PF #: \_\_\_\_\_