COUNTY MEDICAL SERVICES PROGRAM
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CMSP Letter No. 03-06
Issue Date October 29, 2003

TO: ALL COUNTY MEDICAL SERVICES PROGRAM (CMSP)
WELFARE DIRECTORS

SUBJECT: REVISED CMSP FORM 219 - RIGHTS, RESPONSIBILITIES, AND OTHER INFORMATION

On June 26, 2003, the CMSP Governing Board voted to revise the CMSP Form 219 in response to the Medi-Cal Program's ACWDL 03-14. The letter states that when a U.S. citizen or national declares citizenship/immigration status via another Medi-Cal form in the application process, it is not necessary for the applicant to duplicate that information on the Medi-Cal form MC 13 (Statement of Citizenship, Alienage and Immigration Status).

The CMSP Governing Board adopted a conforming policy that would allow the MC 13, the MC 210, the SAWS 2 or other Medi-Cal form to be used by a client to declare citizenship/immigration status. To this end, it was necessary to modify the CMSP 219. Therefore, the second bulleted item on the CMSP 219 has been modified to allow forms other than the MC 13 to declare citizenship. It is important to note that the MC 13 should still be used for CMSP applicants claiming and verifying amnesty alienage, lawfully permanent residency and PRUCOL (Permanent Residency Under Color of Law). Additionally, another bulleted item pertaining to notification of the rules for retroactive CMSP eligibility has been eliminated.

Two copies each of camera-ready English and Spanish versions of the revised CMSP 219 are enclosed and can be used by the county to reproduce an adequate supply. These updated forms are also available on the web at: www.dhs.ca.gov/cmsp (choose "CMSP forms" in the left column).

Additionally, enclosed are manual replacement pages that are affected by this change. Please delete old pages corresponding to page number located in the lower right corner of the new manual pages and insert the new pages provided with the letter.

If you have any questions regarding this notification, please direct them to Ms. Genny Fleming, in the CMSP Unit, at (916) 552-8041.

Sincerely,

William L. Alameda, Chief
County Medical Services Program

Enclosure

cc: Ms. Maria Tirado
Medical Services Specialist
ISAWS CAST
5330 Primrose Drive, Suite 137
Fair Oaks, CA 95628

Ms. Genny Fleming
County Medical Services Program
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County Medical Services Program

Eligibility Manual Replacement Pages

ACL 03-06, Dated October 28, 2003

Directions:

Remove Old Pages:	Insert New Pages:
3-2	3-2
3-3	3-3
5-5	5-5
5-7	5-7

Caution: Whenever revising your manual, verify that section sequence remains accurate.

The case record must clearly specify why anyone other than a spouse has applied for the applicant.

3-014. Application for CMSP

A person or family applying for CMSP shall submit a completed application form to the county department.

3-015. Application for Retroactive CMSP

Effective January 1, 2003, no retroactive eligibility shall be granted for CMSP cases. The beginning date of eligibility will be in accordance with Section 11-010.

3-016. CMSP Application for Medi-Cal LTC Aid Code 53, Acute Care

A person eligible for Medi-Cal under aid code 53, which only covers Skilled Nursing Facility or Intermediate Care Facility (SNF or ICF) services, may also receive full-scope CMSP benefits under aid code 8F to cover any acute care services. There is no LTC length of stay requirement to receive a 53 aid code. If the person has a SOC under aid code 53 he/she will have the same SOC under aid code 8F. The applicant must complete and sign the following forms:

(A) CMSP 219.

(B) MC 13 (or MC 210, SAWS 2 or other appropriate Medi-Cal form declaring citizenship/immigration status).

3-017. CMSP Application for County General Assistance/General Relief (GA/GR) Recipients

The county may follow an abbreviated CMSP eligibility process for recipients of county GA/GR payments who request medical assistance. GA/GR eligibility shall serve as verification of CMSP eligibility until GA/GR eligibility is terminated. Such applicants must sign and complete the following forms:

(A) MC 13 (or MC 210, SAWS 2 or other appropriate Medi-Cal form declaring citizenship/immigration status).

(B) CMSP 219.

(C) CMSP 1153.

3-018. Date of Application

The date of application for CMSP shall be the date the application or a SAWS 1 is received by the county department.

3-019. Withdrawal of Application--Request for Discontinuance

An applicant or beneficiary may withdraw or request discontinuance at any time. The county shall note such request in the case file. If a written request is not submitted by the applicant or beneficiary, the county shall issue a Notice of Action (NOA) which indicates that the action is being taken to withdraw the application or discontinue benefits and that the applicant/beneficiary must contact the county to indicate if they desire that the application process or eligibility continue.

3-020. Face-To-Face Interview

A face-to-face interview with the applicant, or the person completing the Statement of Facts, is optional at the time of application, reapplication, restoration, or re-determination. However, the eligibility staff may require the applicant to complete a face-to-face interview before benefits are established when eligibility staff determine any of the following conditions exist:

Aliens who have been granted suspension of deportation in accordance with INA Section 244 (8 USC 1254) whose departure INS does not contemplate enforcing: Arrival-Departure Record, INS Form I-94, and an order issued by the Executive Office of Immigration Review.

Aliens whose deportation is being withheld in accordance with INA Section 243 (h) {8 USC 1253 (h)}: Arrival-Departure Record, INS Form I-94, and an order issued by the Executive Office of Immigration Review.

Citizens of the Republic of the Marshall Islands or the Federated States of Micronesia who, in accordance with 48 USC Sections 1681 through 1695, may live, work, or study in the United States without restrictions: Arrival-Departure Record, INS Form I-94, annotated "CFA/MIS" or "CFA/FSM".

(Q) Aliens granted extended voluntary departure for a specified time due to conditions in their home countries: Arrival-Departure Record, INS Form I-94, showing this status or Alien Voluntary Departure Notice, INS Form I-210.

(R) Aliens whose INS documents have been lost or stolen or are unreadable: An Individual Fee Register Receipt (INS Form G-711) which shows the person has applied for replacement of a lost, stolen, or unreadable alien registration, or alien admission document listed in this section.

(S) Aliens living in the United States with the knowledge and permission of INS whose departure INS does not contemplate enforcing: INS documents which establish these facts.

5-014. Opportunity to Submit Documents

Applicants shall be informed that they must present documents which serve as reasonable evidence of United States citizenship or INS issued documents which indicate satisfactory immigration status for CMSP purposes.

Applicants for full scope CMSP benefits shall have 30 calendar days, or the time it actually takes the county to process the CMSP application, whichever is longer, to submit such documents. The 30-day period begins at the time the completed MC 13 (or MC 210, SAWS 2 or other appropriate Medi-Cal form declaring citizenship/immigration status) is received by the county department.

(C) Full scope CMSP benefits received pending completion of a determination of immigration status by INS shall be reduced to restricted (emergency services only) CMSP benefits upon receipt of a notice from the INS or the applicant/beneficiary of a lack of satisfactory immigration status.

5-016. Restricted CMSP Benefits for Certain Aliens

Certain aliens are entitled only to restricted (emergency service) CMSP benefits.

(A) To be eligible these aliens must be:

(1) A CMSP county resident, as specified in Section 5-018.

(2) An alien who lacks INS issued documents establishing satisfactory immigration status.

(3) A nonimmigrant alien legally admitted to the United States for a limited period.

(B) Alien applicants for restricted CMSP benefits shall meet all other program requirements except for possessing or having applied for a Social Security Number.

5-017. Written Declaration of Status as a Citizen or National of the United States, or an Alien

All individuals requesting or receiving full scope CMSP benefits shall state in writing, on the MC 13 (or MC 210, SAWS 2 or other appropriate Medi-Cal form declaring citizenship/immigration status), under penalty of perjury, whether they are citizens or nationals of the United States or aliens. This shall not apply to applicants for restricted CMSP benefits in any category of aliens covered by a restraining order, injunction or other order issued by a court of competent jurisdiction restricting the requirement of a declaration of citizenship, national of the United States, or alien status.

5-018. Residence--General.

An individual applying for, or receiving, CMSP benefits must be a resident of a CMSP county.

COUNTY MEDICAL SERVICES PROGRAM (CMSP)
RIGHTS, RESPONSIBILITIES AND OTHER INFORMATION

Print name of applicant	Date
Print name of person acting for applicant	Relationship to applicant

Be sure you have read every item, and sign and date. Read the following carefully before signing.

- I understand that I am applying for the County Medical Services Program and that I am *not* applying for the state Medi-Cal Program.
- I understand that I have declared citizenship or immigration status on the MC 13, MC 210, SAWS 2, or other Medi-Cal form. I understand that my declaration of citizenship or immigration status for Medi-Cal eligibility will also be used in determining CMSP eligibility.

CMSP Rights, Responsibilities, and Other Information

You have the right to:

- Ask for an interpreter to help you in applying for CMSP benefits if you have difficulty in speaking or understanding the English language.
- Be treated fairly and equally regardless of your race, color, religion, national origin, sex, age, or political beliefs.
- Apply for CMSP benefits and to be told in writing whether or not you qualify for CMSP, even if the county representative tells you during the interview that it appears that you are, or are not now, eligible.
- Review manuals containing the rules of the CMSP if you want to question the basis on which your eligibility is approved or denied.
- Receive a Benefits Identification Card (BIC) as soon as possible if you have a medical emergency.
- Have all information you give to the county department kept in the strictest confidence.
- Qualify for the CMSP by reducing your property reserve to within the CMSP property limit by the last day of any month, including the month of application.
- Receive an explanation of possible ways that you may spend your excess property as long as you receive adequate consideration.

  Speak to a social service worker about other public or private services or resources that may be available to you.

  Lower any share-of-cost you may have by providing past unpaid medical bills that you still owe.

  Request a hearing from the county if you are dissatisfied with an action taken, or not taken, by the county Department of Social Services. If you wish such a hearing, you must request one within 90 days of the date the Notice of Action was mailed to you. If you do not receive a Notice of Action, you must request the hearing within 90 days of the date that you became aware of the action of which you are dissatisfied.

You have the responsibility to:

- Complete a status report when provided with one by the county and to return it to the county by the due date.
- Present when requested verification that you are a resident of the county in which you are applying for CMSP.
- Tell your medical provider (doctor, dentist, etc.) that you have applied for CMSP or are a CMSP beneficiary.
- Sign and keep your BIC and use it only to obtain necessary health care.
- Take your BIC to your medical provider when you receive medical care, as soon as possible if you receive services and do not have your BIC with you.

- Provide a social security number to the county or apply for one.
- Apply for Medicare benefits if you are blind, disabled, or aged 64 years and 9 months or older and are eligible for these benefits.
- Apply for any income which may be available to you or your family members.
- Report to the county department any health care insurance which you have or are entitled to have.
- Use any health insurance which you have before using the CMSP.
- Report to the county department when CMSP benefits received are a result of an accident or injury caused by some other person's action or failure to act.

  Cooperate with the county if your case is selected for a quality control review.

  Cooperate with Medi-Cal regulations if you are potentially eligible for Medi-Cal. If you do not cooperate and you are found ineligible for Medi-Cal, you will not be eligible for CMSP benefits.

YOU HAVE THE RESPONSIBILITY TO NOTIFY YOUR COUNTY ELIGIBILITY WORKER WITHIN TEN DAYS WHENEVER:

- Your income or your family's income (including wages, social security payments, pensions, veterans payments, loans, etc.) increases, decreases, starts, or stops.
- You move or plan to move to another address in your county, to another county, or to another state or country.
- You plan to be away from your home (residence) for more than 30 days.
- Any person moves into or out of your home.
- You or your spouse enters or leaves a nursing home or long-term care facility.
- You transfer, give away, sell, or obtain any real or personal property (real property means land, house, etc. and personal property means cars, etc.).
- You or your family receives free or earned housing, utilities, food, or clothing.
- You or a family member becomes pregnant or the pregnancy ends.
- You or a family member has a change in child care, transportation, employment, or education expenses.
- You or a family member applies for any disability benefits, such as SSI/SSP, social security, Railroad Retirement, Veterans Benefits, Workers' Compensation, etc.
- You or a family member starts or drops out of school.
- You or a family member has a change in health insurance, citizenship, or immigration status.

UNDERSTAND THAT:

- When I apply for CMSP benefits I will be evaluated for eligibility for other programs including Medi-Cal.

  If I obtain medical services from a medical provider who is not a CMSP provider, I will be responsible for the cost of the services I receive.

- Based on my income, I may have to pay, or be billed for, some of my own medical expenses each month before the CMSP will begin to pay.

  If I give false or incomplete information, may be found ineligible for the CMSP and may be investigated for suspected fraud.

  The facts I give will be checked by computer with information from employers, the Franchise Tax Board, Social Security Administration, banks, welfare, and other agencies.

If I, or a person I am applying for, do not have documentation of satisfactory immigration status, I, or the person I am applying for, may be eligible only for emergency CMSP services.

- If I do not report changes promptly, and I receive CMSP benefits that I am not eligible for, I may have to repay the CMSP for those benefits.
- If I am eligible for other health insurance at no cost to me and do not apply for it or fail to keep such insurance, my CMSP eligibility may be denied or discontinued.
- If my medical provider accepts my CMSP for covered services, they cannot bill me for those services except for any share-of-cost that I may have.

PRIVACY AND CONFIDENTIALITY NOTIFICATION

Sections 14011 and 14012 of the Welfare and Institutions Code authorize county social service/welfare departments to collect certain information from you to determine if you or the person(s) you are applying for are eligible for CMSP benefits. The information you provide is confidential and may only be disclosed to certain individuals or organizations and then only to administer the CMSP. This information will be used by the county department to establish initial and ongoing CMSP eligibility; by the State's fiscal intermediary for claims processing purposes; by the California Department of Health Services for BIC production, health insurance identifications, and overpayment recovery actions; for Medicare Buy-In and social security number verification; by the Immigration and Naturalization Service to determine alien status; and by medical services providers and health maintenance organizations for eligibility verification.

Providing this information is mandatory. Failure to do so will result in your ineligibility for CMSP benefits. You have the right to look at your information and may do so at the county department during regularly scheduled office hours.

I realize that if I deliberately make false statements or withhold information, I (or the person on whose behalf I am acting) may lose my CMSP eligibility and/or I can be prosecuted for fraud.

I hereby state that I have read the information on this form and that I fully understand my RIGHTS AND RESPONSIBILITIES to have my eligibility determined for the CMSP and to maintain that eligibility.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of applicant		Phone number ( )	Date
Signature of person acting for applicant	Relationship to applicant	Phone number ( )	Date
Signature of witness (If applicant signed with mark)		Phone number ( )	Date
Signature of person helping applicant complete form/Interpreter		Phone number ( )	Date
Signature of Eligibility Worker (EW) (if applicable)	EW number (if applicable)	Phone number ( )	Date

DERECHOS, RESPONSABILIDADES Y OTRA INFORMACIÓN DEL PROGRAMA DE SERVICIOS MÉDICOS DEL CONDADO (*CMSP*)

Escriba el nombre del/de la solicitante en letra de molde	Fecha
Escriba el nombre de la persona que actúa en nombre del/de la solicitante en letra de molde	Parentesco con el/la solicitante

Asegúrese de haber leído cada cosa, y firme y feche. Lea lo siguiente detenidamente, antes de firmar.

- Entiendo que estoy solicitando beneficios del Programa de Servicios Médicos del Condado (*County Medical Services Program—CMSP*), y que *no* estoy solicitando beneficios del Programa de Medi-Cal del estado.
- Entiendo que he declarado mi ciudadania o mi situación migratoria en las formas MC 13, MC 210, SAWS 2, o otra forma del Medi-Cal. Entiendo que mi declaración de ciudadania o situación migratoria para la eligibilidad de Medi-Cal también sera utilizada en la determinación de elegibilidad para el CMSP.

Derechos, Responsabilidades y otra Información sobre el *CMSP*

Usted tiene derecho a:

- Pedir que un(a) intérprete le ayude a solicitar los beneficios del *CMSP*, si usted tiene dificultades para hablar o entender el idioma inglés.
- Que se le trate justa y equitativamente, independientemente de su raza, color, religión, origen nacional, sexo, edad o creencias políticas.
- Solicitar beneficios del *CMSP*, y a que se le informe, por escrito, si usted reúne los requisitos o no para el *CMSP*, aun si el/la representante del condado le informa a usted durante la entrevista que parece ser que si reúne los requisitos o que no los reúne ahora.
- Revisar los manuales que contengan las reglas del *CMSP*, si usted desea cuestionar el fundamento bajo el cual se aprobó o negó su elegibilidad.
- Recibir una Tarjeta de Identificación de Beneficios (*Benefits Identification Card—BIC*) lo antes posible, si tiene una emergencia médica.
- Que toda la información que usted proporcione al departamento del condado se mantenga en la confidencialidad más estricta.
- Reunir los requisitos para el *CMSP*, al reducir su reserva de bienes para que esté dentro del limite de bienes del *CMSP*, a más tardar el último día de cualquier mes, incluyendo el mes de su solicitud.
- Recibir una explicación sobre las posibles maneras en que usted puede gastar su exceso de bienes, siempre y cuando usted reciba consideración adecuada.
- Hablar con un(a) trabajador(a) de servicios sociales sobre otros servicios o recursos públicos o privados que podrían estar a su disposición.
- Reducir cualquier parte del costo que posiblemente usted tenga, proporcionando las facturas médicas sin pagar en el pasado, que usted aún deba.
- Solicitar una audiencia del condado, si usted está insatisfecho(a) con una acción que el Departamento de Servicios Sociales del condado haya tomado o no. Si usted desea una audiencia tal, tiene que solicitarla en un plazo de 90 días, a partir de la fecha en que se le envió la Notificación de Acción. Si usted no recibe una Notificación de Acción, usted tiene que solicitar la audiencia en un plazo de 90 días, a partir de la fecha en que usted se dio cuenta de la acción con la que usted está insatisfecho(a).

Usted tiene la responsabilidad de:

Completar un reporte sobre su situación, cuando el condado le proporcione uno, y de devolverlo al condado a más tardar en la fecha de vencimiento.

- Presentar, cuando se le pida, comprobante de que usted es residente del condado en el que esté solicitando beneficios del *CMSP*.
- Informarle a su proveedor médico [doctor(a), dentista, etc.] que usted ha solicitado beneficios del *CMSP*, o que es beneficiario(a) del *CMSP*.

Firmar y guardar su *BIC*, y usarla solamente para obtener atención médica necesaria.

Llevar su *BIC* a su proveedor médico cuando usted reciba atención médica, lo antes posible, si usted recibe servicios y no tiene su *BIC* consigo.

- Proporcionar un número de seguro social al condado, o solicitar uno.
- Solicitar beneficios de Medicare, si usted está ciego(a), incapacitado(a) o tiene 64 años y 9 meses de edad o más, y reúne los requisitos para estos beneficios.
- Solicitar para cualquier ingreso que podría estar a su disposición o a la de sus familiares.
- Reportar al departamento del condado cualquier seguro de atención médica que usted tenga o al que tenga derecho.
- Usar cualquier seguro médico que usted tenga, antes de usar el *CMSP*.
- Reportar al departamento del condado cuando los beneficios del *CMSP* recibidos son el resultado de un accidente o lesión causado por la acción de alguna otra persona, o por que no actuó.
- Cooperar con el condado, si su caso se selecciona para una evaluación de control de calidad.
- Cooperar con los ordenamientos de Medi-Cal, si posiblemente usted reúna los requisitos para recibir Medi-Cal. Si usted no coopera, y se determina que no reúne los requisitos para recibir Medi-Cal, usted no reunirá los requisitos para recibir beneficios del *CMSP*.

USTED TIENE LA RESPONSABILIDAD DE NOTIFICAR A SU TRABAJADOR(A) DE ELEGIBILIDAD DEL CONDADO, EN UN PLAZO DE DIEZ DÍAS, CUANDO:

- Sus ingresos, o los de su familia (incluyendo sueldos, pagos del seguro social, pensiones, pagos para veteranos, préstamos, etc.) aumenten, disminuyan, comiencen o paren.
- Usted se mude o planee mudarse a otra dirección en su condado, a otro condado o a otro estado o país.
- Usted planee ausentarse de su hogar (residencia) durante más de 30 días.
- Alguna persona se mude a, o fuera de su hogar.
- Usted o su cónyuge ingrese o salga de un centro de convalecencia o establecimiento de atención a largo plazo.
- Usted traspase, regale, venda u obtenga algún bien personal o raíz (bienes raíces se refieren a terreno, casa, etc, y bienes personales se refieren a automóviles, etc.).
- Usted o su familia reciba vivienda, servicios públicos, comida o ropa gratis, o a cambio de algo.
- Usted o una pariente resulte embarazada o el embarazo se termine.
- Usted o un(a) pariente tenga un cambio en los gastos de cuidado de niños, transporte, empleo o educación.
- Usted o un(a) pariente solicite algún beneficio por incapacidad, como *SSI/SSP*, seguro social, Jubilación de Ferrocarriles, Beneficios para Veteranos, Compensación para los Trabajadores, etc.
- Usted o un(a) pariente comience o deje la escuela.
- Usted o un(a) pariente tenga un cambio en seguro médico, ciudadanía o situación migratoria.

ENTIENDO QUE:

- Cuando solicite beneficios del *CMSP*, se me hará una evaluación para determinar mi elegibilidad para otros programas, incluyendo Medi-Cal.
- Si obtengo servicios médicos de un proveedor médico que no sea un proveedor del *CMSP*, seré responsable del costo de los servicios que reciba.
- En base a mis ingresos, es posible que tenga que pagar, o que se me cobren, algunos de mis propios gastos médicos cada mes, antes de que el *CMSP* comience a pagar.
- Si doy información falsa o incompleta, es posible que se determine que no reúno los requisitos para el *CMSP*, y que se me investigue por sospecha de fraude.
- Los datos que de se corroborarán por computadora con información de empleadores, el Departamento de Impuestos del Estado, la Administración del Seguro Social, bancos, departamentos de asistencia pública y otras agencias.

- Si yo, o una persona para la que estoy solicitando beneficios, no tenemos documentación o una situación migratoria satisfactoria, yo, o la persona para la que estoy solicitando beneficios, posiblemente reunamos los requisitos solamente para servicios de emergencia del *CMSP*.
- Si no reporto cambios oportunamente, y recibo beneficios del *CMSP* para los que no reúno los requisitos, es posible que tenga que pagarle al *CMSP* tales beneficios.
- Si reúno los requisitos para otro seguro médico, sin costo alguno para mí, y no lo solicito, o no retengo dicho seguro, mi elegibilidad del *CMSP* posiblemente se me niegue o descontinúe.
- Si mi proveedor médico acepta mi *CMSP* para los servicios cubiertos, no pueden cobrárseme tales servicios, excepto cualquier parte del costo que pudiera tener.

NOTIFICACIÓN DE PRIVACIDAD Y CONFIDENCIALIDAD

Las Secciones 14011 y 14012 del Código de Instituciones y Asistencia Pública autoriza a los departamentos de servicios sociales y de asistencia pública del condado a que recopile cierta información de usted, para determinar si usted o la(s) persona(s) para la(s) que esté solicitando beneficios reúne(n) los requisitos para beneficios del *CMSP*. La información que usted proporcione es confidencial, y solamente puede revelárseles a ciertos individuos u organizaciones, y entonces solamente para administrar el *CMSP*. Esta información la utilizará el departamento del condado, para establecer la elegibilidad inicial y continua del *CMSP;* el intermediario fiscal del Estado, para fines de tramitar reclamos; el Departamento de Servicios de Salud, para la producción de BICs, identificaciones de seguro médico y medidas para recuperar pagos excesivos e indebidos; para comprobar números de seguro social y números otorgados por Medicare; el Servicio de Inmigración y Naturalización, para determinar la situación como extranjeros; y los proveedores de servicios médicos y organizaciones para la conservación de la salud, para comprobar la elegibilidad.

El proporcionar esta información es obligatorio. El no hacerlo resultará en su inelegibilidad para beneficios del *CMSP*. Usted tiene detecho a ver su información, y puede hacerlo en el departamento del condado durante horas hábiles regulares.

Estoy consciente de que si hago declaraciones falsas o retengo información deliberadamente, yo (o la persona en cuyo nombre estoy actuando) podríamos perder la elegibilidad del *CMSP*, o se nos podría encausar por fraude.

Por este medio, declaro que he leído la información en este formulario, y que entiendo plenamente mis DERECHOS Y RESPONSABILIDADES, para que se determine mi elegibilidad para el *CMSP*, y para mantener esa elegibilidad.

DECLARO, BAJO PENA DE PERJURIO, CONFORME A LAS LEYES DEL ESTADO DE CALIFORNIA, QUE LAS RESPUESTAS QUE HE DADO SON CORRECTAS Y VERDADERAS A MI LEAL SABER Y ENTENDER.

Firma del/de la solicitante		Número de teléfono ( )	Fecha
Firma de la persona que actúa en nombre del/de la solicitante	Relación con el/la solicitante	Número de teléfono ( )	Fecha
Firma del/de la testigo (si el/la solicitante firmó con una huella)		Número de teléfono ( )	Fecha
Firma de la persona que ayudó al/a la solicitante a completar el formulario/Intérprete		Número de teléfono ( )	Fecha
Firma del/de la Trabajador(a) de Elegibilidad (*EW*) (si es pertinente)	Número del/de la *EW* (si es pertinente)	Número de teléfono ( )	Fecha