

Case name: \_\_\_\_\_

Case number: \_\_\_\_\_

**SNEEDE V. KIZER**  
**EXCLUDED CHILD STATEMENT FROM PARENT OR CARETAKER RELATIVE**  
**(New Application and Annual Redetermination)**

I understand that \_\_\_\_\_ can get Medi-Cal, and that his or her  
(child's name)  
 income and property will not affect the Medi-Cal benefits which my family and I receive.

I do **not** want to apply for Medi-Cal for \_\_\_\_\_.  
(child's name)

I understand that:

- Even if my child gets Medi-Cal, his or her income and property will not be counted for me or other family members who also get Medi-Cal.
- If I do exclude my child, it will affect the income and property limits for me and for other family members because the family size will be smaller.
- I may not be eligible for Medi-Cal without at least one eligible child.

Signature of parent or caretaker relative		Date
Signature of person acting for applicant	Relationship (guardian, conservator, etc.)	Date
Signature of witness (required if applicant signed by mark)		Date