

**APPLICATION AND STATEMENT OF FACTS FOR
AN INDIVIDUAL WHO IS OVER 18 AND UNDER 21 AND WHO WAS IN
FOSTER CARE PLACEMENT ON HIS OR HER 18TH BIRTHDAY**

- New application
- Redetermination
- Request for retroactive coverage for _____ months
(Eligibility cannot be established prior to 10/01/00.)

COUNTY USE ONLY

Case name: _____
Case number: _____
Date of discontinuance: _____

Name		Date of birth (mm/dd/yy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone number ()		Social security number		
Address (number, street)	City	State	ZIP code	
Mailing address (if different) (number, street, P.O. Box)	City	State	ZIP code	
Do you have other medical insurance (through work or parents)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, name of insurance company			Policy number	

I declare under penalty of perjury under the laws of the State of California that the answers I have given in this application are true and correct to the best of my knowledge and belief.

Signature	Date
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Instructions

If you are completing this application it is because you were in foster care when you turned 18. The Foster Care Independence Act of 1999 allows you to receive Medi-Cal benefits at no share-of-cost until you reach the age of 21. Under this act, you are not required to show proof of income or resources (such as a car) in order to be eligible for Medi-Cal. You only have to have been in the care of a foster care family or agency when you turned 18.

Once you have completed this form, you will have to mail it to or drop it off at your local county social services department. Check your phone book for the nearest office.

If you move, you will still be eligible for Medi-Cal, but you will have to notify your county eligibility worker of your address change. If you move out of the county that you lived in when you applied, the county worker will have to change the information on your case so that you can continue to get medical coverage without difficulty. If you have any changes in your living arrangements, such as moving back in with your parents or getting married, or if you are pregnant, notify your eligibility worker immediately to report the change. These changes, however, will not affect your eligibility for this program.

If you move out of state, you may still be eligible for medical benefits in your new state, but you will have to apply for these benefits in the new state of residence.