

STATEMENT OF CALIFORNIA RESIDENCY

(Supplement to Application for Presumptive Eligibility Only—MC 263)

1. Name	Date of Birth
2. Do you now live in California and plan to continue living here? <input type="checkbox"/> Yes, and I can prove this when I apply for Medi-Cal. <input type="checkbox"/> No, I do not live in California and I do not plan to stay in California. If you answered “No” to question 2, or did not answer at all, you cannot get Presumptive Eligibility for Pregnant Women program benefits.	
<i>I certify I have read and understand this form. I declare that the information I have given is true, correct, and complete.</i>	
Signature or mark of applicant (or legal guardian)	Date
Signature or witness to mark of applicant (or legal guardian)	Date
FOR PROVIDER USE ONLY	
<i>INSTRUCTIONS TO PROVIDER:</i> <i>If your patient answers “Yes” to question 2, you may proceed with the Presumptive Eligibility for Pregnant Women program determination. You must attach this form to the Application for Presumptive Eligibility Only (MC 263 PE for Pregnancy).</i> <i>If your patient answers “No” to question 2, or does not answer at all, you cannot offer Presumptive Eligibility for Pregnant Women coverage to the patient.</i> <i>You must complete the section below and give a copy of this form to the patient.</i>	

WHY YOU CANNOT GET PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN BENEFITS (RESIDENCY)

You cannot get Presumptive Eligibility benefits because when you were asked to answer question 2 above:

- You said you do not live in California and do not plan to stay in this state, or
- You did not answer question 2 at all.

Even though you cannot get Presumptive Eligibility for Pregnant Women benefits, you may still apply for Medi-Cal at your county social services office , by telephone at 1-800-880-5305 or online through <http://www.benefitscal.org/BenefitsPortal/landing.html> or www.healthapp.net.

Provider Signature	Provider Printed Name	Date
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