STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS				
Print name of applicant (the applicant is the person who want s Medi-Cal)			Date	
Print name of person acting for applicant			Relationship to applicant	
SECTION A: MEDI-CAL BENEFITS TO CITIZENS AND ALIENS				
Citizens and nationals of the United States who meet all eligibility requir	rements may re	eceive full Medi-Ca	al benefits.	
Aliens who meet all eligibility requirements may receive either full Me restricted benefits limited to emergency and pregnancy-related services (i				
Satisfactory immigration status and full Medi-Cal benefit s for aliens received only by aliens who are in a satisfactory immigration status and was Aliens are in a satisfactory immigration status if they are amnesty aliens lawful permanent residents or permanently residing in the U.S. under cold SECTION B, question 5 below.	vho meet all eli s with valid and	gibility requirement I current lawful te	ts including California residency. Imporary resident cards (I-688) or	
Documented aliens not in a satisfactory immigration status who mereceive restricted benefits (limited to emergency and pregnancy-related states)		requirements, inc	luding California residency, may	
Undocumented aliens who meet all eligibility requirements, including emergency and pregnancy-related services).	California re	sidency , may red	ceive restricted benefits (limited to	
Citizenship/immigration status information: Every person requesting or immigration status. Immigration status information provided as part of INS for immigration enforcement unless you are committing fraud.				
Alien status documents and verification requirements: Aliens who opurposes must present INS documents that show their immigration status who claim to be in an SIS, but who cannot obtain an INS document or repindicated in SECTION B below) should submit other evidence establishing Aliens who do not have these documents with them, or who have unreade applied for replacements. Aliens will have 30 days to do this, or until their otherwise eligible, Medi-Cal will be issued during this period and while the documents contains the applicant's photograph, they must show us an idnamed in the documents.	s if they have an placement rece g their immigra able document: Medi-Cal appli e submitted doc	n INS document or ipt (for example, al tion status. INS do s, may bring us re cation is ruled on, cumentation is bein	are eligible to obtain one. Aliens liens in the last PRUCOL category cuments will be verified by the INS. ceipts which show that they have whichever is longer. If the alien is go verified by the INS. If none of the	
Social Security number requirement: Every person requesting Medi-County welfare department. U.S. citizens, U.S. nationals, and aliens clair Social Security number must apply for one and provide it to the county Medi-Cal purposes who need help applying for a Social Security number not in a satisfactory immigration status and who do not have a Social Seeligibility requirements.	ming to be in welfare depa r should ask th	a satisfactory imm rtment. Aliens in seir eligibility work	nigration status who do not have a satisfactory immigration status for er for assistance. Aliens who are	
SECTION B: CITIZENSHIP/IMMIGRATION STATUS DECLARATION				
1. Is the applicant a citizen or national of the United States?	☐ Yes	☐ No		
If the applicant is a citizen or a national of the United States, where w	vas he/she borr	1?		
IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATE PLEASE ANSWER QUESTIONS 2, 3, AND 4 BELOW (AND QUESTIONS CAND D. IF YOU ANSWER "NO" TO QUESTIONS TO YOU, YOUR ANSWER IS CONFIDENTIAL. THIS INFORMA CANNOT BE USED BY THE INS FOR IMMIGRATION ENFOR	IESTION 5 IF Y 3 2, 3, or 4 be I tion can on	OU CLAIM TO BE CAUSE THOSE (LY BE USED FOR	PRUCOL) THEN COMPLETE CATEGORIES DO NOT APPLY R MEDI-CAL PURPOSES AND	
2. Is the applicant an amnesty alien with a valid and current I-688?	☐ Yes	☐ No		
3. Is the applicant a lawful permanent resident?	☐ Yes	□No		
4. Is the applicant a PRUCOL alien?	☐ Yes	☐ No		
IMPORTANT: All PRUCOL aliens must indicate their specific PRUCO	L status in qu	estion 5.		
If the applicant would qualify for Medi-Cal benefits as a PRUCOL alic classification:	en, indicate th	e status category	which entitles him/her to that	
 A conditional entrant admitted to the United States before April 1 An alien paroled into the United States, including Cuban/Haitian 				

	An alien granted an indefinite stay of deportation An alien granted an indefinite voluntary departure An alien on whose behalf an immediate relative petition (INS Form I-130) has been approved ar	nd who is entitled to voluntary
	departure An alien who has properly filed an application for lawful permanent resident status	
	An alien granted a stay of deportation for a specified period	
	An alien granted asylum	
	A refugee admitted to the United States since April 1, 1980	
	An alien granted voluntary departure who is awaiting issuance of a visa	
	An alien in deferred action status	
	An alien who entered and has continuously resided in the United States since before January 1, adjustment of status to lawful permanent resident pursuant to INA Section 249 (eligible as a Re	
	An alien granted a suspension of deportation whose departure INS does not contemplate enforce	cing
	An alien granted withholding of deportation pursuant to INA Section 243(h)	
iı	An alien, not in one of the above categories, who can show that: (1) INS knows he/she is in the ntend to deport him/her, either because of the person's status category or individual circumstar IC: VERIFICATION OF IMMIGRATION STATUS (FOR ALIENS WHO CLAIM SATISFACTOR	nces
	ANT: Complete this section only if you answered "yes" to questions 2, 3, or 4 in SECTION	·
1. Alien	Registration number and/or Alien Admission number (INS Form I-94):	
2. Date	the applicant first entered the United States:	
3. Appli	cant's name when he/she first entered the United States:	
	hat country is the applicant a citizen:	
	re was the applicant born:	
	I D: SOCIAL SECURITY NUMBER	
Does the	applicant have a Social Security number (SSN)? (Aliens who are not in a satisfactory immigration still get restricted Medi-Cal if they meet all eligibility requirements.)	ion status, and who do not have an
	Yes, the applicant's Social Security number is:	
	No	
SECTION	I E:	
	RE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA TI RRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.	HAT THE ANSWERS I HAVE GIVEN
Applicant sig	gnature	Date
Signature of	person acting for applicant	Date
	FOR COUNTY USE ONLY	
EW numb	ber: County:	Date:
Action ta	aken:	
☐ None	e necessary.	
Date:	E primary verification performed. Date: Iment Verification Request (INS Form G-845) and copies of documentation of satisfactory immig E	gration status sent to INS.
☐ Copie	Medi-Cal benefits were granted pending verification of immigration status. es of alien status documents are in the case file. on referred to INS to obtain replacement documents. Date:	
	DETERMINATION OF THE APPROPRIATE LEVEL OF MEDI-CAL BENEFITS.	
	n the information provided on this form:	
	above named applicant is a U.S. citizen or national, or an alien, who, if otherwise eligible, would above named applicant is an alien, who, if otherwise eligible, would receive RESTRICTED Med	