Case Name

Case Number \_

## SUPPLEMENT TO STATEMENT OF FACTS FOR RETROACTIVE COVERAGE/RESTORATION

My present circumstances, as listed on the Statement of Facts which I signed on \_\_\_\_\_

\_\_\_, are true and correct statements,

| to the best of my knowledge | , for the month(s) of |
|-----------------------------|-----------------------|
|-----------------------------|-----------------------|

(for restorations, this should be the month in which the request is made) except as specified below.

(Date)

**Circumstances that are/were different:** (If no change, write in "No change.") Documentation is needed to verify all sources of income and to support any difference in property, residence, etc.

|  | Month:    |      | Month:    |      | Month:    |      |
|--|-----------|------|-----------|------|-----------|------|
| Circumstances  |           |      |           |      |           |      |
| Number of persons living in your home  |           |      |           |      |           |      |
| Income—  |           |      |           |      |           |      |
| Specify any differences in:<br>Amount of income<br>Kind of income<br>Work expenses<br>Education expenses<br>Child care |           |      |           |      |           |      |
| All Personal Property including motor<br>vehicles, boats, bank accounts, etc.<br>(Lowest bank account balances should  |           |      |           |      |           |      |
| be listed for each month unless they   | Checking: |      | Checking: |      | Checking: |      |
| were exactly the same as the balance<br>listed on the Statement of Facts. List<br>differences or state "No change."    | Savings:  |      | Savings:  |      | Savings:  |      |
| Real Property (list differences only or state " No change.")   |           |      |           |      |           |      |
| California Resident  | Yes       | 🗌 No | ☐ Yes     | 🗌 No | ☐ Yes     | 🗌 No |
| Other Insurance Coverage Change  | Yes       | 🗌 No | 🗌 Yes     | 🗌 No | 🗌 Yes     | 🗌 No |
| Other (List differences only or state "No change.")  |           |      |           |      |           |      |
|  |           |      |           |      |           |      |
|  |           |      |           |      |           |      |

I understand that I may not retroactively spend my property down in order to reduce its amount and thereby qualify for Medi-Cal.

I understand that I may be asked to prove my statements but that the county is required by law to keep them confidential, and that if dissatisfied, I have a right to a fair hearing. I understand that if I deliberately make false statements or withhold information, I can be prosecuted for fraud. Signature Date

| Signature of person acting for applicant and relationship (guardian, conservator, etc.) | Date |
|---|------|
| Signature of witness (required if applicant signed by mark)                             | Date |

## The following person helped me to fill out this form:

| Name and relationship to applicant | Address | Date |
|------------------------------------|---------|------|
|                                    |         |      |