

## STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS

Print name of applicant (the applicant is the person who wants 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 requirements may receive full Medi-Cal benefits.

**Aliens** who meet all eligibility requirements may receive either full Medi-Cal benefits (if they are in a satisfactory immigration status) or restricted benefits limited to emergency and pregnancy-related services (if they are not in a satisfactory immigration status).

**Satisfactory immigration status and full Medi-Cal benefits for aliens:** Federal and state law provide that *full* Medi-Cal benefits may be received only by aliens who are in a satisfactory immigration status and who meet all eligibility requirements **including California residency**. Aliens are in a satisfactory immigration status if they are amnesty aliens with valid and current lawful temporary resident cards (I-688) or lawful permanent residents or permanently residing in the U.S. under color of law (PRUCOL). **The 16 PRUCOL categories are listed in SECTION B, question 5 below.**

**Documented aliens not in a satisfactory immigration status** who meet all eligibility requirements, **including California residency**, may receive restricted benefits (limited to emergency and pregnancy-related services).

**Undocumented aliens** who meet all eligibility requirements, **including California residency**, may receive restricted benefits (limited to emergency and pregnancy-related services).

**Citizenship/immigration status information:** Every person requesting Medi-Cal is required to provide information about his/her citizenship or immigration status. Immigration status information provided as part of the Medi-Cal application is confidential and cannot be used by the INS for immigration enforcement unless you are committing fraud.

**Alien status documents and verification requirements:** Aliens who claim to be in a satisfactory immigration status (SIS) for Medi-Cal purposes must present INS documents that show their immigration status if they have an INS document or are eligible to obtain one. Aliens who claim to be in an SIS, but who cannot obtain an INS document or replacement receipt (for example, aliens in the last PRUCOL category indicated in SECTION B below) should submit other evidence establishing their immigration status. INS documents will be verified by the INS. Aliens who do not have these documents with them, or who have unreadable documents, may bring us receipts which show that they have applied for replacements. Aliens will have 30 days to do this, or until their Medi-Cal application is ruled on, whichever is longer. If the alien is otherwise eligible, Medi-Cal will be issued during this period and while the submitted documentation is being verified by the INS. If none of the documents contains the applicant's photograph, they must show us an identity document which establishes that the applicant is the person named in the documents.

**Social Security number requirement:** Every person requesting Medi-Cal who has a Social Security number is asked to provide it to the county welfare department. U.S. citizens, U.S. nationals, and aliens claiming to be in a satisfactory immigration status who do not have a Social Security number must apply for one and provide it to the county welfare department. Aliens in satisfactory immigration status for Medi-Cal purposes who need help applying for a Social Security number should ask their eligibility worker for assistance. Aliens who are not in a satisfactory immigration status and who do not have a Social Security number can still get restricted Medi-Cal if they meet all eligibility requirements.

### 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 was he/she born? \_\_\_\_\_  
(city, state)

**IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE AN ALIEN, PLEASE ANSWER QUESTIONS 2, 3, AND 4 BELOW (AND QUESTION 5 IF YOU CLAIM TO BE PRUCOL) THEN COMPLETE SECTIONS C AND D. IF YOU ANSWER "NO" TO QUESTIONS 2, 3, OR 4 BECAUSE THOSE CATEGORIES DO NOT APPLY TO YOU, YOUR ANSWER IS CONFIDENTIAL. THIS INFORMATION CAN ONLY BE USED FOR MEDI-CAL PURPOSES AND CANNOT BE USED BY THE INS FOR IMMIGRATION ENFORCEMENT UNLESS YOU ARE COMMITTING FRAUD.**

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 PRUCOL status in question 5.**

5. If the applicant would qualify for Medi-Cal benefits as a PRUCOL alien, indicate the status category which entitles him/her to that classification:
- A conditional entrant admitted to the United States before April 1, 1980
- An alien paroled into the United States, including Cuban/Haitian entrants

- An alien subject to an Order of Supervision
- 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 and 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, 1972, who would be eligible for an adjustment of status to lawful permanent resident pursuant to INA Section 249 (eligible as a Registry Alien)
- An alien granted a suspension of deportation whose departure INS does not contemplate enforcing
- An alien granted withholding of deportation pursuant to INA Section 243(h)
- An alien, not in one of the above categories, who can show that: (1) INS knows he/she is in the United States; and (2) INS does not intend to deport him/her, either because of the person's status category or individual circumstances

**SECTION C: VERIFICATION OF IMMIGRATION STATUS (FOR ALIENS WHO CLAIM SATISFACTORY IMMIGRATION STATUS)**

**IMPORTANT: Complete this section only if you answered "yes" to questions 2, 3, or 4 in SECTION B on the front of this form.**

1. Alien Registration number and/or Alien Admission number (INS Form I-94): \_\_\_\_\_
2. Date the applicant first entered the United States: \_\_\_\_\_
3. Applicant's name when he/she first entered the United States: \_\_\_\_\_
4. Of what country is the applicant a citizen: \_\_\_\_\_
5. Where was the applicant born: \_\_\_\_\_

**SECTION D: SOCIAL SECURITY NUMBER**

Does the applicant have a Social Security number (SSN)? (Aliens who are not in a satisfactory immigration status, and who do not have an SSN, can still get restricted Medi-Cal if they meet all eligibility requirements.)

- Yes, the applicant's Social Security number is: \_\_\_\_\_
- No

**SECTION E:**

*I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.*

Applicant signature	Date
Signature of person acting for applicant	Date

**FOR COUNTY USE ONLY**

EW number: \_\_\_\_\_ County: \_\_\_\_\_ Date: \_\_\_\_\_

**Action taken:**

- None necessary.
- SAVE primary verification performed. Date: \_\_\_\_\_
- Document Verification Request (INS Form G-845) and copies of documentation of satisfactory immigration status sent to INS. Date: \_\_\_\_\_
- Full Medi-Cal benefits were granted pending verification of immigration status.
- Copies of alien status documents are in the case file.
- Person referred to INS to obtain replacement documents. Date: \_\_\_\_\_

**COUNTY DETERMINATION OF THE APPROPRIATE LEVEL OF MEDI-CAL BENEFITS.**

**Based on the information provided on this form:**

- The above named applicant is a U.S. citizen or national, or an alien, who, if otherwise eligible, would receive **FULL** Medi-Cal benefits.
- The above named applicant is an alien, who, if otherwise eligible, would receive **RESTRICTED** Medi-Cal benefits.