Daim Receipt Qhia Tias Tau Txais Cov Puavpheej Uas Qhia Tias Yog Neeg Amelikas lossis Yog Leejtwg Tiag Lawm

Kev qhia rau cov neeg ua haujlwm hauv County/DSH/FQHC: Thaum koj tau txais cov puavpheej uas qhia tias yog neeg Amelikas thiab/lossis yog leejtwg tiag lawm rau ib tus neeg tabtom tuaj thov lossis tau txais kev pabcuam, koj yuavtsum tau ua daim ntawv no.

Cov Puavpheej Uas Qhia Tias Yog Neeg Amelikas/Yog Leejtwg Tiag rau tus neeg tabtom Tuaj Thov lossis Tau Txais:

_____ Hnub Yug: _____
Npe Npe Nrab Xeem

Chaw nyob: _____
Txoj kev Nroog Xeev Zip Code

Niamtxiv npe yog tias tus neeg tabtom Tuaj Thov lossis Tau Txais kev pabcuam yog ib tus menyuam yaus: _____
Npe Npe Nrab Xeem

Tus neeg tabtom Tuaj Thov lossis Tau Txais tus lej BIC/CIN: _____

Lub npe ntawm daim puavpheej uas qhia tias yog neeg Amelikas/yog leejtwg tiag uas koj pom: ▶ _____	Lub npe ntawm daim puavpheej uas qhia tias yog neeg Amelikas/yog leejtwg tiag uas koj pom: ▶ _____
Daim puavpheej uas koj tau pom yog *(khij ib qhov):* ❑ Yog daim tseem (tsis yog daim luam los lossis muaj neeg lees tias yog daim tseem) ❑ Yog ib daim luam uas lub koomhaum uas ua daim ntawv ntawd nias lawv lub cim rau tias yog daim tseem	Daim puavpheej uas koj tau pom yog *(khij ib qhov):* ❑ Yog daim tseem (tsis yog daim luam los lossis muaj neeg lees tias yog daim tseem) ❑ Yog ib daim luam uas lub koomhaum uas ua daim ntawv ntawd nias lawv lub cim rau tias yog daim tseem
Tau txais daim ntawv no los ntawm *(khij ib qhov):* ❑ Xa tuaj hauv ntawv ❑ Nqa tuaj *(los ntawm tus neeg tabtom tuaj thov lossis tus tau txais) Npe:* _____ ❑ Nqa tuaj *(los ntawm tus neeg saib xyuas, tus neeg sawvcev, lossis tus neeg nrog tu)* *(Nws npe thiab nws txheeb rau tus tabtom tuaj thov lossis tus neeg tau txais ntawd licas)* _____	Tau txais daim ntawv no los ntawm *(khij ib qhov):* ❑ Xa tuaj hauv ntawv ❑ Nqa tuaj *(los ntawm tus neeg tabtom tuaj thov lossis tus tau txais) Npe:* _____ ❑ Nqa tuaj *(los ntawm tus neeg saib xyuas, tus neeg sawvcev, lossis tus neeg nrog tu)* *(Nws npe thiab nws txheeb rau tus tabtom tuaj thov lossis tus neeg tau txais ntawd licas)* _____

Luam daim puavpheej uas qhia tias yog neeg Amelikas thiab/lossis yog leejtwg tiag uas koj tau txais los ntawm tus neeg tabtom tuaj thov lossis tau txais, muab daim tseem puavpheej rov rau tus neeg uas nqa tuaj thiab ua, suam npe thiab muab daim receipt uas qhia tias tau txais lawm rau tus neeg uas nqa daim puavpheej tuaj. Thaum tus neeg tuav ntaub ntawv tau txais daim puavpheej lawm, lub county social services office yuav sau ntawv tuaj qhia rau tus neeg tabtom tuaj thov lossis tus neeg tau txais tias lawv puas kam txais cov ntaub ntawv ntawd ua puavpheej. Cov neeg ua haujlwm hauv DSH/FQHC yuavtsum tau xa daim receipt no thiab cov ntaub ntawv puavpheej uas lawv luam tau mus rau lub county social services office uas tuav nws tej ntaub ntawv.

County/DSH/FQHC Staff reads and signs below.

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

▶ _____ Date: _____
Signature of County/DSH/FQHC Staff

Name of County/DSH/FQHC Staff *(print):* _____
First *Middle* *Last*

Information: _____
Name of agency *County* *Telephone number* *E-mail*

County fills out this box

Case No: _____ Case Name: _____