

## “IMPORTANT INFORMATION ABOUT RESIDENCY”

Medi-Cal applicants who have one of the items listed below **MUST** provide it as evidence of residency. Medi-Cal applicants who **DO NOT** have one of the items listed below must sign this page **AND** provide other evidence of residency. **DO NOT SIGN THIS PAGE IF YOU HAVE ONE OF THE ITEMS LISTED BELOW.**

**I UNDERSTAND** that the welfare department will only consider evidence other than the items listed below if I do not have one of the following items:

- A recent California rent or mortgage receipt or utility bill in my name.
- A current and valid California Motor Vehicle Driver’s License or California Identification Card issued by the California Department of Motor Vehicles.
- A current and valid California motor vehicle registration in my name.
- A document showing that I am employed in this State.
- A document showing that I have registered with a public or private employment service in this State.
- Evidence that I have enrolled myself or my children in a school in this State.
- Evidence that I am receiving public assistance other than Medi-Cal in this State.
- Evidence that I have registered to vote in this State.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I DO NOT POSSESS ANY OF THE ITEMS LISTED ABOVE.

Applicant signature	Date
Person acting for applicant (signature)	Date