

REDETERMINATION: STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR THE APPROVED RELATIVE CAREGIVER (ARC) FUNDING OPTION PROGRAM

Instructions: Please complete in ink all of the questions to the left of the heavy black line. If you need more space, attach another sheet of paper. Fill out this form for each participating child/youth. (This form, the ARC 2, is for redetermination. To apply for the ARC Program, complete the ARC 1 form.)		County Use Only
		County and Agency:
1. Approved Relative Caregiver's Name:	Phone Number:	Date Received:
Birth Date (Month, Day, Year):	Social Security Number:	
2. Child/Youth's Name (First, Middle, Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Case Name:
Address:		Case Number:
Birth Date (Month, Day, Year):	Birth Place (City, State, Country):	Work Name and Number:
Social Security Number:		
Relationship to Approved Relative Care Caregiver:		
3. Does the child/youth still live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Does the Child/youth have, or expect to have, any new property? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," list below:		
Property Type		<input type="checkbox"/> Verification of property: _____
		<input type="checkbox"/> Verification of income: _____
		<input type="checkbox"/> Verification provided
		<input type="checkbox"/> Exempt
5. Did the child's/youth's income change or is it expected to change? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," list below:		
Type	Amount	When
Will this income continue? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please explain:		

CERTIFICATION	
<p>I understand that:</p> <ul style="list-style-type: none"> • I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility is fraud and that I may be subject to penalties under state and federal law if I provide false or untrue information. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting ARC benefits. • I understand that Social Security Numbers or Immigration Status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law. <p>I declare under penalty or perjury under the laws of the State of California that the information contained on this Statement of Facts is true, correct, and complete to the best of my knowledge.</p>	
Signature of Approved Relative Caregiver:	Date:
County Use Only	
<input type="checkbox"/> Ineligible at redetermination (Reason):	
<input type="checkbox"/> Eligible at Redetermination: <input type="checkbox"/> CalWORKs Eligible <input type="checkbox"/> ARC-only Eligible	Eligibility Redetermination Date:
(Explain any eligibility changes, such as no longer CalWORKs eligible but still ARC eligible):	
Signature of County Worker:	Date:
Signature of Supervisor:	Date: