

<p>STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR THE APPROVED RELATIVE CAREGIVER (ARC) FUNDING OPTION PROGRAM (PART ONE)</p> <p>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 eligible child/youth. If you need help filling out this form, please contact the child/youth’s social worker or eligibility worker. A relative currently undergoing the county approval process may apply for the ARC Program. However, the ARC payment will not begin until the relative caregiver is approved, all other ARC requirements are met, and the application is fully executed.</p>	<p>COUNTY USE ONLY</p>														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">1. Approved Relative Caregiver’s Name</td> <td style="width:50%; padding: 5px;">Phone ()</td> </tr> <tr> <td style="padding: 5px;">Birthdate (Month, Day, Year)</td> <td style="padding: 5px;">Social Security Number</td> </tr> </table>	1. Approved Relative Caregiver’s Name	Phone ()	Birthdate (Month, Day, Year)	Social Security Number	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">COUNTY AND AGENCY</td> </tr> <tr> <td style="padding: 5px;">DATE RECEIVED</td> </tr> <tr> <td style="padding: 5px;">CASE NAME</td> </tr> <tr> <td style="padding: 5px;">CASE NUMBER</td> </tr> <tr> <td style="padding: 5px;">WORKER NAME AND NUMBER</td> </tr> </table>	COUNTY AND AGENCY	DATE RECEIVED	CASE NAME	CASE NUMBER	WORKER NAME AND NUMBER					
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<p>3. Is the child/youth currently receiving CalWORKs?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If “YES,” please list the CalWORKs Case No.: _____ and sign (below Part Two). (If you answer “Yes,” you will not have to complete Part Two.)</p> <p>If “NO,” you must complete Part Two, starting with #4, below.</p>	<table style="width:100%;"> <tr> <td style="vertical-align: top;"> <p>Verification</p> <p><input type="checkbox"/> Confirmed current CalWORKs recipient</p> <p>County: _____</p> <p>Case No: _____</p> </td> </tr> </table>	<p>Verification</p> <p><input type="checkbox"/> Confirmed current CalWORKs recipient</p> <p>County: _____</p> <p>Case No: _____</p>													
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<p>4. Does the child/youth have health insurance, including Medi-Cal?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON’T KNOW</p> <p>If “YES,” list policy number, company name, and name of policy:</p> <p>For Medi-Cal, list the Medi-Cal Case No.:</p>	<table style="width:100%;"> <tr> <td style="vertical-align: top;"> <p><input type="checkbox"/> Verification provided</p> <p>For Medi-Cal, relative caregiver chooses:</p> <p><input type="checkbox"/> Managed Care <input type="checkbox"/> Fee for Service</p> <p><input type="checkbox"/> FC 2</p> </td> </tr> </table>	<p><input type="checkbox"/> Verification provided</p> <p>For Medi-Cal, relative caregiver chooses:</p> <p><input type="checkbox"/> Managed Care <input type="checkbox"/> Fee for Service</p> <p><input type="checkbox"/> FC 2</p>													
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5. Does the child/youth get or expect to get any income, such as: Earnings, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Social Security Benefits, Child Support, Veterans Benefits, etc. YES NO Verification provided
 I DON'T KNOW

If "YES," complete below:

TYPE OF INCOME	AMOUNT (before deductions, if any)	WHEN	HOW OFTEN
	\$		

Will this income continue? YES NO
 If "NO," explain any known changes: I DON'T KNOW

Income:
 Earned _____
 Unearned _____
 Exempt _____
 FC 2 _____

6. Does the child/youth own any property or have resources, such as: cash, land, vehicle, motorcycle, bank accounts, trust funds, savings bonds, Native American per capita payments or trust funds, or other items? YES NO Verification provided
 I DON'T KNOW

If "YES," complete below:

TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER	NAME, ADDRESS OF BANK, ETC.	CURRENT VALUE
			\$
			\$

Total: _____

_____ I have received and understand the Rights and Responsibilities (ARC 1A) document.

CERTIFICATION

I understand that:

- 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.

I declare under penalty of 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.

SIGNATURE OF APPROVED RELATIVE CAREGIVER	DATE
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COUNTY USE ONLY

<input type="checkbox"/> INELIGIBLE (Reason)	NOTES:
<input type="checkbox"/> ELIGIBLE Payment Authorization Date:	
<input type="checkbox"/> CalWORKs Eligible <input type="checkbox"/> ARC-only Eligible	
Signature of County Worker Date	
Signature of Supervisor Date	