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Title 22@ Social Security

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Division 2@ Department of Social Services-Department of Health Services

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Part 2@ Health and Welfare Agency-Department of Health Services Regulations

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Subdivision 4@ Institutions and Boarding Homes for Persons Aged 16 and Above

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Chapter 2.5@ Maternity Home Care Program: Pregnancy Freedom of Choice Act

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Section 30306@ Application Process

## **30306 Application Process**

### **(a)**

Application for services shall be made directly to a group home providing maternity related services which is under contract to the Department.

### **(b)**

Each applicant, or her parent shall sign the Application and Certification for Maternity Home Care, Form SOC 315 (Rev. 2/92), which requires verification of: (1) Pregnancy, and an estimated date of delivery. Pregnancy verification and estimation of delivery date shall be made only by a physician licensed to practice in California. The physician shall be permitted to complete Part IV of the Form SOC 315, or separately verify on personal stationery or that of the health maintenance organization with which the physician is associated. The verification shall include the original signature of the physician; (2) Minor status (age under 18); (3) Unmarried status; and (4) California domicile.

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**(2)**

Minor status (age under 18);

**(3)**

Unmarried status; and

**(4)**

California domicile.

**(c)**

The maternity home care provider shall complete the Medi-Cal application process on behalf of the applicant, pursuant to Article 5, Chapter 2, Division 3, Title 22, CCR.

**(d)**

The provider shall complete the Provider's Certification for Reimbursement for Maternity Home Care Services, Form SOC 315P (2/92) for each client, after completing the prerequisites listed in Section 30307 of these regulations. The Form SOC 315P shall be maintained by the provider as an integral part of the client's case record.