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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 2@ Determination of Medi-Cal Eligibility and Share of Cost

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Article 4@ Beneficiary Application Process

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Section 50172@ Verification by Signature

## **50172 Verification by Signature**

### **(a)**

The signature on the Statement of Facts shall be accepted as verification of the facts if both of the following conditions are met, except as specified in (c): (1) The information required for establishing eligibility under these regulations is not available. (2) The county department determines that the information provided on the Statement of Facts is sufficient to determine eligibility. If the information on the Statement of Facts is insufficient, the county department shall accept a signed statement, from the person completing the Statement of Facts, providing the necessary supplemental information.

#### **(1)**

The information required for establishing eligibility under these regulations is not available.

#### **(2)**

The county department determines that the information provided on the Statement of Facts is sufficient to determine eligibility. If the information on the Statement of Facts is insufficient, the county department shall accept a signed statement, from the person completing the Statement of Facts, providing the necessary supplemental information.

### **(b)**

The county department shall state on the Statement of Facts that this is the only method of verification available, if this method of verification is used.

**(c)**

The signature on the Statement of Facts shall not be accepted as verification of a person's SSN, application for an SSN or for evidence of an SSN.