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California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 3@ Health Care Services
|->
Subdivision 1@ California Medical Assistance Program
|->
Chapter 2@ Determination of Medi-Cal Eligibility and Share of Cost
|->
Article 4@ Beneficiary Application Process
|->
Section 50159@ Statement of Facts
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50159 Statement of Facts

(a)

Following completion of the application form, a Statement of Facts shall be completed, signed and filed with the county department.

(b)

The Statement of Facts shall be used by the county department in the determination of the applicant's: (1) Eligibility. (2) Share of cost. (3) Other health care coverage.

(1)

Eligibility.

(2)

Share of cost.

(3)

Other health care coverage.