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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 50163@ Persons Who May Complete and Sign the Statement of Facts

50163 Persons Who May Complete and Sign the Statement of Facts

(a)

The applicant or spouse of the applicant shall complete and sign the Statement of Facts, unless: (1) The applicant is a child. Generally, the person or agency having legal responsibility for the child shall complete and sign the Statement of Facts.

The child shall complete and sign the Statement of Facts if the child is competent and either of the following applies: (A) The child is not living with the child's parents or caretaker relatives and the county has determined that no person or agency accepts legal responsibility for the child. (B) The child is applying on his or her own behalf in accordance with Section 50147.1(a). (2) The applicant has a conservator, guardian or executor. In this case, the conservator, guardian or executor shall complete and sign the Statement of Facts. (3) The applicant is incompetent, in a comatose condition or suffering from amnesia, and there is no spouse, conservator, guardian or executor. In this case: (A) The county department shall evaluate the applicant's circumstances and determine whether or not there is a need for protective services. (B) The Statement of Facts may be completed and signed on the applicant's behalf by a relative, a person who has knowledge of the applicant's circumstances, or a representative of a public agency or the county department. (C) The person completing the Statement of Facts on behalf of the applicant shall provide all available information required on the

Statement of Facts regarding the applicant's circumstances. (D) If a county department representative completes and signs the Statement of Facts, another representative of that county department shall: 1. Confirm, by personal contact, the applicant's inability to act on his own behalf. 2. Countersign and approve any recommendations for eligibility.

(1)

The applicant is a child. Generally, the person or agency having legal responsibility for the child shall complete and sign the Statement of Facts. The child shall complete and sign the Statement of Facts if the child is competent and either of the following applies:

(A) The child is not living with the child's parents or caretaker relatives and the county has determined that no person or agency accepts legal responsibility for the child. (B) The child is applying on his or her own behalf in accordance with Section 50147.1(a).

(A)

The child is not living with the child's parents or caretaker relatives and the county has determined that no person or agency accepts legal responsibility for the child.

(B)

The child is applying on his or her own behalf in accordance with Section 50147.1(a).

(2)

The applicant has a conservator, guardian or executor. In this case, the conservator, guardian or executor shall complete and sign the Statement of Facts.

(3)

The applicant is incompetent, in a comatose condition or suffering from amnesia, and there is no spouse, conservator, guardian or executor. In this case: (A) The county department shall evaluate the applicant's circumstances and determine whether or not there is a need for protective services. (B) The Statement of Facts may be completed and signed on the applicant's behalf by a relative, a person who has knowledge of the

applicant's circumstances, or a representative of a public agency or the county department. (C) The person completing the Statement of Facts on behalf of the applicant shall provide all available information required on the Statement of Facts regarding the applicant's circumstances. (D) If a county department representative completes and signs the Statement of Facts, another representative of that county department shall: 1. Confirm, by personal contact, the applicant's inability to act on his own behalf. 2. Countersign and approve any recommendations for eligibility.

(A)

The county department shall evaluate the applicant's circumstances and determine whether or not there is a need for protective services.

(B)

The Statement of Facts may be completed and signed on the applicant's behalf by a relative, a person who has knowledge of the applicant's circumstances, or a representative of a public agency or the county department.

(C)

The person completing the Statement of Facts on behalf of the applicant shall provide all available information required on the Statement of Facts regarding the applicant's circumstances.

(D)

If a county department representative completes and signs the Statement of Facts, another representative of that county department shall: 1. Confirm, by personal contact, the applicant's inability to act on his own behalf. 2. Countersign and approve any recommendations for eligibility.

1.

Confirm, by personal contact, the applicant's inability to act on his own behalf.

2.

Countersign and approve any recommendations for eligibility.