

| <p align="center">County of Tulare – Health and Human Services Agency</p> <p align="center">TULARE COUNTY MEDICAL SERVICES (TCMS) APPLICATION</p> <p>Please answer the following questions completely to help us to evaluate your eligibility to the Tulare County Medical Services (TCMS). Give any proof (such as check stubs, banks statements, rent receipts) to support your answers.</p> | | | | | | <p align="center">COUNTY USE ONLY</p> <p> <input type="checkbox"/> DDO <input type="checkbox"/> LDO <input type="checkbox"/> PDO <input type="checkbox"/> TDO <input type="checkbox"/> VDO <input type="checkbox"/> OS Site _____ <input type="checkbox"/> KDDH <input type="checkbox"/> SVDH <input type="checkbox"/> TDH <input type="checkbox"/> IN <input type="checkbox"/> ER Date of Service: _____ </p> | |
|--|--|---|--|--|---|--|--------|
| #1 Applicant Name: (First, Middle, Last) | | Ⓢocial Security Number | ⓈDate of Birth | ⓈSex <input type="checkbox"/> Female <input type="checkbox"/> Male | | Date Rec'd | Worker |
| ⓈHome Address (Number and Street) | | City | State | Zip Code | ⓈHome Phone | Case Number | |
| ⓈMailing Address <input type="checkbox"/> Same as Home | | City | State | Zip Code | ⓈMessage Phone | <input type="checkbox"/> New <input type="checkbox"/> Re-Determination | |
| ⓈRequesting TCMS? <input type="checkbox"/> Yes <input type="checkbox"/> No | ⓈHealth Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | ⓈPregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No ⓈBlind, Deaf or Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No | ⓈU.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No ⓈPlace of Birth? | ⓈLegal Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No ⓈSponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Reg. # D.O.E. | Verified <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> SSN <input type="checkbox"/> DED Packet <input type="checkbox"/> Citizen <input type="checkbox"/> Residency <input type="checkbox"/> Alien # <input type="checkbox"/> Eligible Non-Citizen | | |
| ⓈThe law says that we must record your ethnic group, race and language. This will not affect your eligibility. Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Asian or Pacific Islander (Specify): _____ | | | | | | Ethnic Group: Race: Primary Language: | |
| Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> Cambodian <input type="checkbox"/> Russian <input type="checkbox"/> Cantonese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify): _____ | | | | | | | |
| ⓈMarital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated | | ⓈSpouse Name (First, Middle, Last) <input type="checkbox"/> N/A Social Security Number Date of Birth | | Case Number <input type="checkbox"/> N/A | | | |
| ⓈRequesting TCMS? <input type="checkbox"/> Yes <input type="checkbox"/> No | ⓈHealth Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | ⓈPregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No ⓈBlind, Deaf or Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No | ⓈU.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No ⓈPlace of Birth? | ⓈLegal Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No ⓈSponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Reg. # D.O.E. | Verified <input type="checkbox"/> Blind/Deaf/Disabled <input type="checkbox"/> SSN <input type="checkbox"/> DED Packet <input type="checkbox"/> Citizen <input type="checkbox"/> Residency <input type="checkbox"/> Alien # <input type="checkbox"/> Eligible Non-Citizen | | |
| ⓈIf spouse is requesting TCMS Benefits, please complete. This will not affect eligibility. Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Asian or Pacific Islander (Specify): _____ | | | | | | Ethnic Group: Race: Primary Language: | |
| Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> Cambodian <input type="checkbox"/> Russian <input type="checkbox"/> Cantonese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify): _____ | | | | | | | |
| ⓈList all children and other adults living in your household: | | | | | | | |
| Name (First, Middle, Last) | Relationship | Date of Birth | Name (First, Middle, Last) | Relationship | Date of Birth | | |
| | | | | | | | |
| | | | | | | | |
| #2 Has anyone been in the U.S. military service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below | | | | | | | |
| Name | U.S. Citizen | Status | Honorable Discharge | Branch of Service | Date of Service | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> CW 5 | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| #3 Has anyone changed citizenship / immigration in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below | | | | | | | |
| Name | What changed? | Date | Alien Number (If applicable) | | | | |
| #4 Does everyone live in Tulare County? <input type="checkbox"/> Yes <input type="checkbox"/> No Ⓢ If yes, how long? _____ | | | | | | Tulare County Resident <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ⓈDoes everyone plan to stay in Tulare County permanently? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain | | | | | | | |
| ⓈIs anyone planning to leave Tulare County more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain | | | | | | | |
| #5 Does anyone pay court-ordered child or spousal support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below | | | | | | Court Order on File <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Who Pays? | Type of Support | For Whom? | | Amount Per Month | | Amount Ordered: | |
| | | | | | | \$ | |

| | | | | | | | | | |
|---|--|-----------------------------------|---|------------------------------|---|--|----------------|-----------------------------------|---------------|
| Other (explain) | | | Life estate interest in any property | | | | Current Value: | | |
| Please complete for items marked "yes" in question #10 | | | | | | | | | |
| Resource | Business Related <input type="checkbox"/> Yes <input type="checkbox"/> No | Owner | Account/Policy Number | Name & Address of Bank, etc. | Current Value | Verified | Value | Exempt | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| #11 Does anyone own any <u>personal property</u>, such as: - Non-motorboats, camper shells, non-motor trailers. - Guns; tools; or sporting equipment, etc. - Pets or livestock for personal use. - Jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.)? List jewelry worth more than \$100 and household goods or personal items worth more than \$500 per item. (Do not include wedding and engagement rings or heirlooms.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below | | | | | | <input type="checkbox"/> Owned Jointly <input type="checkbox"/> Owned Separately Total Countable Property | | | |
| Item | Listed for Sale <input type="checkbox"/> Yes <input type="checkbox"/> No | Purchase Price or Current Value | Amount Owed | Item | Listed for Sale <input type="checkbox"/> Yes <input type="checkbox"/> No | Purchase Price or Current Value | Amount Owed | \$: Listed for Sale (Specify): | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | |
| #12 Does anyone have any <u>business property</u>, including tools, inventory and materials, business equipment, livestock, etc.? (Include any property that is shared or held jointly with any other person(s).) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below | | | | | | Total Countable Property | | | |
| Item | Listed for Sale <input type="checkbox"/> Yes <input type="checkbox"/> No | Purchase Price or Current Value | Amount Owed | Item | Listed for Sale <input type="checkbox"/> Yes <input type="checkbox"/> No | Purchase Price or Current Value | Amount Owed | \$: Listed for Sale (Specify): | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ | | |
| #13 Does anyone own or is anyone buying real estate, such as house, apartment, land and/or buildings anywhere including outside the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below | | | | | | | | | |
| Type (house, apartment, land) | How do you use this property? <input type="checkbox"/> Live in it <input type="checkbox"/> Rental <input type="checkbox"/> Other (explain): | Owner(s) | Address or Location | Value | Amount Owed | | | | Rental Income |
| | <input type="checkbox"/> Live in it <input type="checkbox"/> Rental <input type="checkbox"/> Other (explain): | | | \$ | \$ | | | | |
| | <input type="checkbox"/> Live in it <input type="checkbox"/> Rental <input type="checkbox"/> Other (explain): | | | \$ | \$ | | | | |
| | <input type="checkbox"/> Live in it <input type="checkbox"/> Rental <input type="checkbox"/> Other (explain): | | | \$ | \$ | | | | |
| #14 Does anyone get or expect to get money from any source listed below? Check (✓) each item Yes or No | | | | | | Verified <input type="checkbox"/> Yes <input type="checkbox"/> No Explain Anticipated Income: Workers Compensation <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent | | | |
| | Yes | No | | Yes | No | | | | |
| Employment | | | VA (Veterans) educational related income | | | | | | |
| Work Study / JTPA, Welfare-to-Work or other program training allowance | | | VA Aid & Attendance or VA disability | | | | | | |
| Educational grants, loans and scholarships | | | Other non-government disability or sick leave | | | | | | |
| CalWORKs / Cash aid from another state | | | Workers Compensation | | | | | | |
| Cash Assistance Program for Immigrants (CAPI) | | | Social Security retirement or survivors | | | | | | |
| General Assistance (GA) | | | Other retirement income from a federal, state, or local governmental agency | | | | | | |
| Social Security disability or supplemental security income / state supplementary payment (SSI/SSP) | | | Child / spousal Support or money for medical bills or premiums | | | | | | |
| Loans, gifts, contributions | | | Winnings (gambling/lottery/bingo, prizes, etc.) | | | | | | |
| Legal or insurance settlements / court actions pending | | | Sales of notes, contracts, trust deeds, promissory notes | | | | | | |
| Other (explain) | | | | | | | | | |
| Please complete for items marked "yes" in question #14 | | | | | | Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name | Source | Amount Received Before Deductions | When | How Often | | | | | |
| | | \$ | | | | | | | |
| | | \$ | | | | | | | |

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|--|--------------------------------|--|--|----------------|
| #15 Did anyone get medical treatment, been in the hospital or seen by the emergency room this month or in the last 45 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below | | | | |
| Name of Person Receiving Care | Months of Care | Payments Made for Care | Do you want TCMS for those months? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| #16 Does anyone have an injury or illness from an accident of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below | | | | |
| Name of Person | Type of Problem | Date Problem Started | Expected Recovery Date | |
| | | | | |
| #17 Do you feel you are or will be disabled 12 months or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| #18 Does anyone have health, dental, vision, hospitalization insurance or health plans? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below | | | | |
| ©Is anyone's health insurance expected to end or has it ended within the last 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below | | | | |
| Insurance Company | Person Insured / To Be Insured | Expiration Date | Premium Amount | How Often Paid |
| | | | \$ | |
| #19 Is any member of the household avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name | | | | |

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this application for Tulare County Medical Services (TCMS) is true, correct, and complete.

| | |
|--|------|
| Signature | Date |
| Signature of Witness to Mark, Interpreter or Person Acting for Applicant | Date |

| | |
|-----------------------------|--|
| County Use Only | |
| Date Processed _____ | |
| Workers Signature _____ | |
| Supervisors Signature _____ | |

IMPORTANT INFORMATION FOR PERSONS REQUESTING TULARE COUNTY MEDICAL SERVICES (TCMS)

PRIVACY AND CONFIDENTIALITY NOTIFICATION

County of Tulare Health & Human Services is required to obtain certain facts from you to decide if you, or the persons you represent, can get TCMS benefits. The information will be used:

1. To establish first time and on-going TCMS eligibility.
2. To verify alien status with the U.S. Immigration and Naturalization Services (INS) only for aliens who claim to be lawfully admitted for permanent residence. The information the INS received can only be used to determine TCMS eligibility and cannot be used for immigration enforcement unless you are committing fraud.
3. By medical service providers to certify eligibility.
4. To identify health insurance coverage and take recovery actions.

TCMS APPLICANT / RECIPIENT RIGHTS & RESPONSIBILITIES

I have the right to:

1. Ask for an interpreter to help me in applying for TCMS if I have difficulty in speaking or understanding the English language.
2. Request a face-to-face interview with a County representative.
3. Be treated fairly and equally regardless of my race, color, religion, national origin, sex, age, or political beliefs.
4. Apply as a disabled person if I think I am disabled.
5. Apply for TCMS and be told in writing whether I qualify for any TCMS program.
6. Have facts that I give to the County kept in the strictest confidence.
7. File an appeal if I am dissatisfied with an action taken (or not taken). I must submit a written request for an appeal to the TCMS Unit Manager at PO Box 5059, Visalia, CA 93278. I must make my appeal request within 10 days of receiving the Notice of Action (NOA). A copy of the NOA must be attached.

I HAVE THE RESPONSIBILITY TO TELL MY WORKER WITHIN TEN (10) DAYS WHENEVER:

1. Income received by me or any member of my family increases, decreases, starts, or stops. This includes income from Social Security Administration (SSA), loans, settlements, or any other source.
2. I plan to change or have already changed my place of residence or mailing address.
3. A person, including a newborn child, whether or not related to me or my family, moves into or out of my home.
4. Absent parent returns to the home.
5. I or a member of my family gives birth, becomes pregnant, or ends a pregnancy.
6. I, my spouse, or any member of my family enters or leaves a nursing home or an LTC facility.
7. I receive, transfer, give away, or sell real or personal property (including money) or when someone gives me or a member of my family such things as car, house, insurance payments, etc.
8. I have any expenses that are paid for by someone other than myself.
9. I or a member of my family gets a job, changes jobs, or no longer has a job.
10. I have a change in expenses related to my job or education. (For example: child care, transportation, etc.)

file copy

TULARE COUNTY MEDICAL SERVICES (TCMS) PROGRAM UNDERSTANDINGS

I understand that the TCMS Programs covers a person between the ages of 21 and 65, who is a resident of Tulare County, whose gross income and property are below the standards established by the County of Tulare Board of Supervisors, and who do not qualify for any other medical program.

I understand that failure to provide necessary information or deliberately give false information can result in denial or discontinuance of TCMS benefits and an investigation of my case for suspected fraud. If I receive benefits that I am not entitled to, I may be responsible to repay the County. I may be charged with committing a felony if more than \$400 is wrongly paid out because I did not report all of the facts or changes in income, property or family status.

I understand that the TCMS Program does not provide all services and does not pay for all of my medical expenses. I will be responsible for paying the balance to providers when requested. _____

Initials

I understand that there is a \$5.00 co-pay when I see the County doctor / dentist. I can ask to speak to a nurse if I do not have the co-pay and feel I need to see a doctor. I will be billed the co-pay later.

I understand that if I am granted Medi-Cal, I must report this to the clinic and any providers I have.

I understand that based on my income, I may be required to pay or be billed for a portion of my medical expenses called a Share of Cost (SOC). When I need to see the doctor, I will take my Share of Cost form, which proves my TCMS Eligibility. The provider's office staff will complete the form and when I have met my Share of Cost, I will be responsible for returning the completed form to my Worker within 10 days. If I do not go to the doctor or hospital during the entire month, I do not pay the Share of Cost for that month.

I understand that the TCMS Program requires that my spouse and I sign a Real Property Lien Agreement. The Lien Agreement will be explained to me.

I understand that the information that I provide will be checked by computer with information provided by employers, banks, Social Security Administration, Social Services, and other agencies.

I understand that an emergency is any condition in which I am in danger of loss of life or limb, serious injury or illness, or experiencing acute, severe pain or suffering. If I have an emergency, I can go to the nearest hospital emergency department. TCMS covers such true emergency services rendered in any hospital within Tulare County or Delano. If I am not sure if my condition is an emergency, I must call my County doctor for instructions. TCMS will not pay for a non-emergency medical condition that is treated in the hospital emergency department, unless prior authorization was obtained.

I understand that if I am not eligible for the TCMS Program, I can still received medical care at any County Health Clinic as a private pay patient. I may need to speak to a Patient Account Representative at the clinic site for payment arrangements.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this application for Tulare County Medical Services (TCMS) is true, correct, and complete.

| | |
|--|------|
| Signature | Date |
| Signature of Witness to Mark, Interpreter or Person Acting for Applicant | Date |

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2. I plan to change or have already changed my place of residence or mailing address.
3. A person, including a newborn child, whether or not related to me or my family, moves into or out of my home.
4. Absent parent returns to the home.
5. I or a member of my family gives birth, becomes pregnant, or ends a pregnancy.
6. I, my spouse, or any member of my family enters or leaves a nursing home or an LTC facility.
7. I receive, transfer, give away, or sell real or personal property (including money) or when someone gives me or a member of my family such things as car, house, insurance payments, etc.
8. I have any expenses that are paid for by someone other than myself.
9. I or a member of my family gets a job, changes jobs, or no longer has a job.
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