

# CAREGIVER'S AUTHORIZATION AFFIDAVIT

Health Plan  
of San Joaquin



Mountain Valley  
Health Plan

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Completion of this form and the signing of this affidavit will authorize Health Plan of San Joaquin/ Mountain Valley Health Plan ("Health Plan") to release information about health insurance coverage for the minor to you. Please print clearly.

**The minor named below lives in my home and I am 18 years of age or older.**

<b>1. Name of Minor:</b>		<b>2. Minor's Date of Birth (MM/DD/YYYY):</b>	
<b>3. Your Name: (Adult Giving Authorization):</b>			
<b>4. My Home Address:</b>			
Street Name or P.O. Box:	City:	State:	Zip Code:
<b>5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see page 2 of this form for a definition of "qualified relative").</b>			
<b>6. Check one or both (for example, if one parent was advised or gave permission and other cannot be located):</b> I have advised the parent(s) or other person(s) having legal custody of my intent to seek the release of information about health insurance coverage for the minor, and have received no objection. I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.			
<b>7. My Date of Birth (MM/DD/YYYY):</b>		<b>8. My California Driver License or ID Card Number:</b>	

**Warning:** Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

**I declare under penalty of perjury under the law of the State of California that the foregoing is true and correct.**

\_\_\_\_\_  
Signature of Caregiver

\_\_\_\_\_  
Date

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## PLEASE NOTE:

- This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
- Health Plan has no obligation to make any further inquiry or investigation.
- This affidavit is only valid for one year after the date on which it is executed.

## ADDITIONAL INFORMATION

### TO CAREGIVERS:

- "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great", or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
- The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
- If the minor stops living with you, you are required to notify Health Plan.
- If you do not have the information requested in item 8 (California driver license or I.D. card), provide another form of identification such as your social security number or Medi-Cal number.
- Should you have questions about this form, please contact the Health Plan Member Services department at 1-209-942-6320.

### TO HEALTH PLAN:

- No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide information about the health insurance coverage for the minor, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
- This affidavit does not mean that the minor is automatically a dependent for health care coverage purposes.