

# Healthy Kids Rights and Declaration

**Application ID:** \_\_\_\_\_

**Certified Application Assistor:** \_\_\_\_\_

I declare that each child I am applying for:

- is a resident of San Mateo County;
- is under the age of 19;
- is not in a mental hospital.

I further declare that:

1. All individuals listed on this application will abide by the rules of participation, the utilization review process and the dispute resolution process of the Healthy Kids Program.
2. I agree to pay the family contributions. If I do not pay the family contributions, I understand my child will be taken off the program.
3. I understand that I must notify the Health Coverage Unit at 650-616-2002 within 10 days if there are any program eligibility requirement changes such as additional children, income, residency, or health insurance coverage obtained through an employer or other source.
4. I understand that if I had employer health insurance for my children and dropped it without good cause then I must wait six (6) months before my children can be eligible for the Healthy Kids program.
5. I understand that if the information I provide as part of my application is found to be inaccurate, my children will be immediately disqualified from the Healthy Kids program. I understand that I may also be billed retroactively for all services previously covered under the Healthy Kids program. I further understand that providing false information in order to wrongfully obtain benefits may also be a criminal offense.
6. I understand that the information I have given is subject to verification, and by signing this document, I give permission to contact the appropriate agencies for the sole purpose of verifying information they have about my health insurance coverage and the health insurance coverage for members of my family group. Information given will be used ONLY in connection with this application for Healthy Kids.
7. I understand that if I my child(ren) is eligible for full scope Medi-Cal or other State and Federal programs such as Covered California, then he/she will be disenrolled from the Healthy Kids program on.

## Privacy Notice

The information Practices Act of 1977 and the Federal Privacy Act of 1974 require the Healthy Kids Program to provide the following notice to individuals who are asked by Healthy Kids to supply information:

- Personal and medical information requested is for member identification and program administration purposes only. Member's information may be shared with State and local agencies involved in administration of health programs.
- Information about persons who do not become members will be used only for purposes of eligibility determination and program administration. Failure to furnish this information may result in the return of the application as incomplete.
- The following information on the application is not mandatory:
  - social security number,
  - ethnicity information, and
  - any other item voluntary or optional.

## Resolving Disputes

If you believe a mistake has been made in determining your child's eligibility for Healthy Kids, an appeal must be requested within 60 days from the date of notification. You must contact the Health Coverage Unit at (650) 616-2002 or by writing to: Healthy Coverage Unit, Healthy Kids Program Supervisor, 701 Gateway Blvd. Suite 400, South San Francisco, CA 94080..

## Signature and Certification

I have read and understand the application instructions, the declarations, and all information printed on this application. I declare that the answers I have given are true and correct to the best of my knowledge and belief. I understand that if I provide false information my child may be denied benefits or disenrolled from the program. I understand that above declaration holds true as long as my child is a Healthy Kids member.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness (if applicant signed with mark):** \_\_\_\_\_

**Date:** \_\_\_\_\_