



Covered California
 P.O. Box 989725
 West Sacramento, CA 95798-9725



**COVERED
 CALIFORNIA**

*Your destination for affordable
 health insurance including, Medi-Cal*

Case Number: _____

Attestation of Non-Incarceration Status

“I, _____, do hereby attest that I am **not** currently incarcerated.
 (Applicant’s Printed Name)

This means that I am **not** confined, after the disposition of charges (judgement), in a jail, prison or similar penal institution, correctional facility, or inpatient mental health facility. I am also **not** an escapee from confinement or have had my parole and/or probation revoked and am **not** sentenced to confinement in a correctional institution.

It also means that I have:

- recently been incarcerated, but since released from incarceration;
- **not** been convicted of a crime;
- been convicted of a crime but am **not** currently sentenced to confinement in an institution;
- been convicted of a crime and am sentenced to a partial, limited, or alternative form of confinement, but no government entity is required to provide me with medical care; or
- been charged with a crime but am waiting for the outcome of the charges to be determined, including arrested but not convicted of a crime and convicted of a crime but awaiting sentencing, whether confined to a correctional institution or released on bail, bond or other conditional release

I understand that I can sign and submit this form to Covered California to provide attestation that I am no longer or never was incarcerated.”

“I declare under the penalty of perjury, under the laws of the State of California, that what I stated above is true and correct.”

Applicant’s Signature: _____ Today’s Date: ____ / ____ / ____
 MM DD YYYY

Send your form two ways:

1. Fax to:
888-329-3700 (888-FAX-3700)

2. Mail to:
 Covered California
 PO BOX 989725
 West Sacramento, CA 95798-9725