



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



*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 or correctional facility. If I have recently been incarcerated, but since released from incarceration, I understand that I can sign and submit this form to Covered California to provide attestation that I am no longer 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