

RESIDENCY ATTESTATION

Name of Individual Receiving Services: _____

Date of Birth: _____

Guardian/Parent Name (if applicable): _____

Date: _____

Mercy Care is overseeing American Rescue Plan Act (ARPA) funds allocated to the City of Phoenix to address the impact of the COVID-19 public health emergency by providing behavioral health care and other services in response to the negative economic impacts of the pandemic.

The objective of this program is to connect City of Phoenix residents who are Medicaid/Medicare ineligible adults, children, and families who have been impacted by the on-going pandemic to Mercy Care's contracted network of ARPA providers delivering behavioral health services.

Attestation

I attest that I or the individual receiving services named above, if not me, (collectively "Service Recipient") is a City of Phoenix resident, meaning that Phoenix is the place where Service Recipient has voluntarily established permanent residency (the place where Service Recipient lives), not merely for a special or limited purpose.

I also attest that Service Recipient does not have any health insurance which covers the services to be received.

Under penalty of perjury and acknowledged by my signature below, I swear or affirm that the statement(s) made above in this attestation are true and correct to the best of my knowledge.

Signature of Individual Receiving Services, or
Guardian/Parent Signature

Date