



PURCHASED / REFERRED CARE PROOF OF RESIDENCY AFFIDAVIT

The Indian Health Council (IHC) provides services through Purchased/Referred Care (PRC) to American Indian/Alaska Native people who live within the designated geographic area known as a PRC delivery area. The PRC program is authorized to pay for medical care provided to IHC beneficiaries by non-IHC or Tribal, public or private health care providers, depending on the availability of funds.

Federal law generally requires residency within the PRC delivery area in order to receive services through PRC. If you are requesting PRC authorization of payment by the IHC for medical services/treatment from a non-IHC provider, you must prove that you reside within the PRC delivery area.

Please print when completing this form.

Section A: Your Information (Required)					
Last Name		First Name		Middle Initial	Date of Birth
Is this your legal name? Yes No		If not, what is your legal name?			
Home street address:			Post Office Box:		Home phone number:
City:		State:		Zip Code:	Cell phone number:
Physical location: <i>(For Post Office Box addresses, provide house location with street or road and the nearest intersection.)</i>					
Have you lived at this location for more than six months? <input type="checkbox"/> Yes <input type="checkbox"/> No			If not, provide your old address.		
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No			Contact phone number:		
<u>Verification Statement</u>					
By signing this form, under perjury of law, I verify that the information provided is true and factual to the best of my knowledge. I know that if I knowingly and willfully give any false information, that a false statement on any part of this declaration or attached documents may be grounds for punishment by a fine or imprisonment. (18 U.S.C. § 1001)					
I know that IHC PRC will check this information and I agree to cooperate with their information requests. I understand that the IHC PRC is only available to beneficiaries of the IHC who live in the PRC delivery area.					
_____				_____	
Applicant Signature				Date	

Provide one of the following to show that you live within the PRC delivery area.

- o Utility bill dated within the last 60 days (water, electric, propane, cable, phone, trash, internet) and must list the physical address
- o DMV Registration or Renewal Notice with physical address (must be current and not expired) (No handicap placard or titles)
- o Letter from the tribe where the person is currently residing
- o Rental/lease agreement, mortgage, or rental receipt with physical address listed
- o Homeowners/renter’s insurance, HOA letter, property tax bill
- o Income award letters; social security, TANF, work pay-stubs

If you do not have any of these documents, you can prove that you live in the PRC delivery area by completing Section B



This section should be completed by the IHC Consortium resident who is affirming where you live i.e., someone you are living with or renting from.

Section B: IHC Consortium Individual Verifier's Information				
Last Name:		First Name:		Middle Initial
Home address:		Post Office Box:	Home phone number:	
City:	State:	Zip Code:	Cell phone number:	
Physical location: <i>(For Post Office Box addresses, provide house location with street or road and the nearest intersection.)</i>				
How do you know the applicant?				
<u>Verification Statement</u>				
By signing this form, under perjury of law, I verify that the information provided is true and factual to the best of my knowledge. I know that if I knowingly and willfully give any false information, that a false statement on any part of this declaration or attached documents may be grounds for punishment by a fine or imprisonment. (18 U.S.C. § 1001)				
I know that IHC PRC will check this information and I agree to cooperate with their information requests. I understand that the IHC PRC is only available to people who live in the PRC delivery area.				
By signing below, I verify that, to the best of my knowledge, the applicant listed in Section A on page 1 lives at the location stated in Section A.				
_____			_____	
Verifier's Signature			Date	

The individual verifier must sign above and provide a copy of at least one (1) of the following documents **showing the verifiers' name and address.**

- o Utility bill dated within the last 60 days (water, electric, propane, cable, phone, trash, internet) and must list the physical address
- o DMV Registration or Renewal Notice with physical address (must be current and not expired) (No handicap placard or titles)
- o Letter from the tribe where the person is currently residing
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