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| Title: Spend Down Declaration  Standard Header  On <Date>, the county determined your property exceeds the resource limit for Medi-Cal. The Medi-Cal property limit for your household is <household limit> and your countable property is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .  If you are over the property limit, you can spend down your property so you no longer exceed the limit and qualify for free Medi-Cal coverage. Complete this form and attach proof of each item listed to show how you spent the excess property. Acceptable proof includes cancelled checks, dated receipts, bank statements, a signed statement under penalty of perjury, and any other proof that shows how you spent the property.  If you spend down to below the resource limit before [DATE, the end of the month of application], you will be eligible for Medi-Cal for that entire month. You can also spend down your property on past qualified medical expenses. Qualified medical expenses are medical expenses that were incurred in any month and that were unpaid in the same month where you had excess property for the entire month. You can be eligible after you pay those qualified medical expenses and you give proof to the county.  SPEND DOWN OF EXCESS PROPERTY MUST BE COMPLETED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  DATE | | | | | | | | | |
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| **Date:** | **Amount:** | **Paid to:** | | | **For:** | | **Receipts Attached** | |
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| I declare, under the penalty of perjury, that the statements made on this form are true and correct. | | | | | | | | | |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
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| **SPEND DOWN DECLARATION (Cont.)** | | | | | |
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| **Date Spent:** | **Amount Spent:** | **Spent at or paid to:** | **For:** | **Receipts Attached** |
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| **Spend Down Declaration (Reverse)** | | | | | |