

COUNTY INSTRUCTIONS

When the county cannot obtain material evidence that the individual needed and was receiving care in the living arrangement continuously from an earlier date, have the client complete the statement below. When this is necessary, the county will enter the date to which the client has attested in the "EFFECTIVE" section of Part B. on the authorization form.

NOTE: MPP Section 46-140.65 limits the earlier date for an individual who is already receiving SSI/SSP to the month in which the care began or three (3) months from the month the County is asked to certify the NMOHC living arrangement, whichever is later.

CLIENT STATEMENT FOR RETROACTIVE CERTIFICATIONS.

I certify that I have been in my current living arrangement with my _____ since
DATE RELATIONSHIP

I AGREE TO IMMEDIATELY NOTIFY SOCIAL SECURITY IF THERE IS ANY CHANGE IN MY CURRENT LIVING ARRANGEMENT.

APPLICANT/RECIPIENT SIGNATURE 	SOCIAL SECURITY NUMBER	DATE
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