

# ROCKY BOY HEALTH CENTER

## PURCHASED / REFERRED CARE

### PROOF OF RESIDENCY

The Rocky Boy Health Center (RBHC) 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 IHS beneficiaries by non-IHS 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 RBHC for medical services/treatment from a non-IHS provider, you must prove that you reside within the PRC Delivery area.

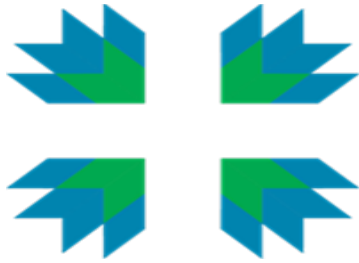
**Please print when completing this form.** If you need help completing the section(s) you may ask for assistance and instructions from the RBHC PRC office.

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? Yes / no		If not, provide your old address.			
Are you homeless? Yes / no		Contact phone number:			
<p><b>Verification Statement:</b>          By signing this form, under perjury of law, I verify, that 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).</p> <p>I know that RBHC PRC will check this information and I agree to cooperate with their information requests. I understand that RBHC PRC is only available to beneficiaries who live in the PRC delivery area.</p>					
Applicant Signature			Date		

Provide one of the following to show that you live within the PRC delivery area. **On the following page please list individuals within the household under the age of 18.**

Valid State driver's license or State Issued ID Card	Employment check stub received within past 30 days.	Other tribal government issued documents
Tribal ID card with photo	Valid college ID with a photo	Rental or lease agreement
U.S. Passport	Utility Bill: electric, gas, water, cable, cell phone within the last 30 days.	Rental Receipt
Voter's registration Card	Marriage License	

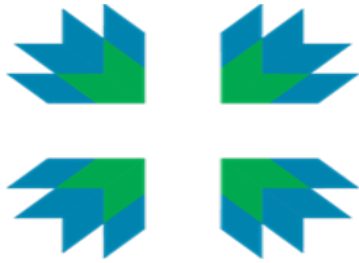
**If you do not have any of these documents,** you can prove that you live in the PRC delivery area by completing page 3.



# ROCKY BOY HEALTH CENTER

**List of individuals in household under the age of 18**

Name	Age	Date of Birth



# ROCKY BOY HEALTH CENTER

Another resident of the PRC delivery area, who knows where you live, can verify your residency by filling out the section below.

<b>Individual Verifier's Information:</b>			
This section must be filled out by a resident who knows where you, the applicant, live – someone you live with is best.			
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 PO Box addressees, provide house location with street or road and nearest intersection.)</i>			
How do you know the applicant?			
<p><b>Verification Statement</b></p> <p>By signing this form, under perjury of law, I verify, that 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).</p> <p>I know that RBHC PRC will check this information and I agree to cooperate with their information requests. I understand that RBHC PRC is only available to people who live in the PRC delivery area.</p> <p>By signing below, I verify that, to the best of my knowledge, the applicant listed on page 1 lives at the location stated on page 1.</p> <p>_____ Verifier's Signature</p> <p>_____ Date</p>			

The individual verifier must sign above section and provide a copy of at least one of the documents listed on bottom of page 1.

### Reminder to applicant:

Before you turn in this application, make sure it is complete. **In order to be completed, you must have:**

- Page 1 filled out with documentation
  - Page 2 if you have dependents in the household under the age of 18
- Page 3 filled if you cannot provide documentation on bottom of page 1.

<b>Privacy Act Notice</b>
<p>The Privacy Act of 1974 (5 U.S.C. § 552a (e) (3) requires that the following notice be provided to you. The information requested on the Purchase/Referred Care (PRC) Proof of Residency form is collected to determine eligibility for and administration of PRC benefits under the Snyder Act (25 U.S.C. § 13), the Transfer Act of 1954 and implementing regulations at 42 C.F.R. Part 136. Purposes and uses – the information requested is collected for the purposes of reviewing eligibility for PRC services. The information provided on this form will be maintained in the applicant's medical record. The information will not be disclosed to entities outside the Indian Health Service (IHS) without prior written permission except for routine uses identified in the IHS System of Records 09-17- 0001 Medical, Health and Billing Records. Effects of nondisclosure – the information is required in order to determine eligibility for the receipt of PRC services.</p>