

PRIMARY CAREGIVER CERTIFICATION

Health and Safety Code 11362.5

I, _____ do hereby certify that

Patient's Name

_____ is my primary caregiver.

Caregiver's Name

He or she consistently assumes, on my behalf, responsibility for my housing, health or safety pursuant to Health and Safety Code 11362.5.

Caregiver's Name

Date of Birth of Caregiver

Caregiver's Street Address

CDL or ID of Caregiver

City, State, Zip Code

(____) ____ - ____
Caregiver Phone #

E-mail Address _____

Please document how your primary caregiver consistently assumes responsibility for housing, health, or safety of the applicant:

I declare under penalty of perjury that the information provided above is true and correct.

Patient's Signature

Date

Caregiver's Signature

Date

For PIDC Purposes Only

Patient Member Number _____

Card Exp. Date: _____