



California Healthcare Eligibility,
Enrollment, and Retention System



JOB AID: CLIENT APPLICATION

March 16, 2026

This Job Aid is intended for Site Certifiers, Privileged Provider Staff and Provider Staff assisting a Client and illustrates the steps to complete and submit a Family PACT application. The first step in completing a Family PACT application is creating a Family PACT account. This Job Aid is written from the perspective of a Client who has previously created a Family PACT account and is initiating the application process.

The Family PACT application is divided into five sections:

- *Personal Details*
- *Address and Contact*
- *Health Coverage*
- *Family Size and Income*
- *Review and Submit*

Start a New Application

The Client Dashboard displays when the Client logs in on the *Log in or create an account to find coverage* page.

Clients start the application process by clicking the **Start Application** button. The *Basic Information* page displays.

The screenshot shows the Family PACT Client Dashboard. At the top, there are logos for DHCS and Family PACT, along with navigation links for Dashboard, Message Center, and language options (ES, EN). The main content area features a 'Welcome, Ethan!' message and a 'Start Application' button. Below this, there is a section for 'Start Application' with a description of Family PACT services and a 'Start Application' button. To the right, there is an illustration of a person at a computer. At the bottom, there are sections for 'Contact Us' (Phone: (916) 650-0414, Email: familypact@dhcs.ca.gov) and 'Resources' (Family PACT Website, Find a Certified Provider).

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As Clients navigate through the application, a progress header with the name of each section, along with a numbered orange circle and dotted lines display at the top of each page. A green check mark displays above the section name when the section is complete.

Personal Details Section

The *PERSONAL DETAILS* section allows Clients to enter their personal details such as their name, ethnicity, and sexual orientation.

Basic Information

Clients enter following information on the *Basic Information* page:

- **First Name**
- **Middle Name**
- **Last Name**
- *Suffix*
- **Date of birth**
- **Social Security Number (SSN)**

Choosing not to enter an SSN will not impact the ability to receive services.

- *Marital Status*
- *What is your primary language?*
 - Defaults to **English**

A red asterisk identifies required fields.

Note: The **First name**, **Last name**, and **Date of birth** fields pre-populate with information entered during the account creation process.

The screenshot shows the 'Basic Information' page within the 'PERSONAL DETAILS' section. The page has a dark blue header with the HCS logo, 'Family PACT', and navigation links for 'Dashboard', 'Message Center', and 'EN'. A progress bar at the top indicates five steps: 1. Personal Details (active), 2. Address and Contact, 3. Health Coverage, 4. Family Size and Income, and 5. Review and Submit. The main content area is titled 'Basic Information' and includes the following fields:

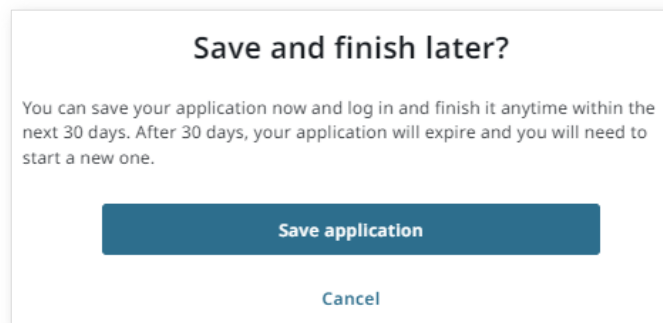
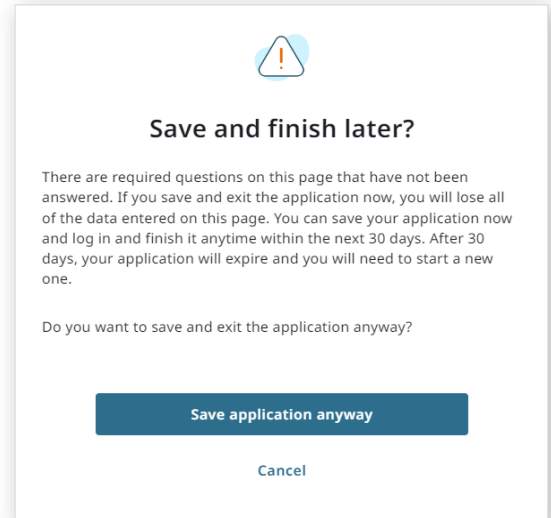
- * First name:** Text input field containing 'Megan'.
- Middle name:** Text input field.
- * Last name:** Text input field containing 'Sandy'.
- Suffix:** Dropdown menu with 'Select one'.
- * Date of birth:** Date picker showing '03/01/1999'.
- Social Security Number (SSN):** Text input field with a note: 'Choosing not to enter an SSN will not impact the ability to receive services.'
- Marital status:** Dropdown menu with 'Select one'.
- What is your primary language?:** Dropdown menu with 'English' selected. A hint below reads: 'Hint: This will default to English if another language is not chosen.'

At the bottom, there is a blue 'Next →' button, an 'OR' separator, a 'Save and finish later' button, and a 'Cancel application' link.

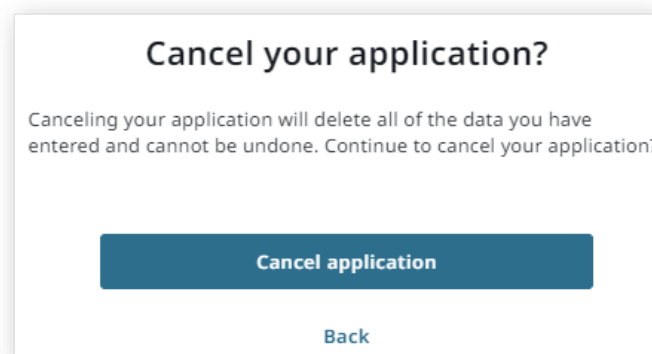
Clicking the **Next** button navigates the Client to the *Demographics Information* page.

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- The **Save and finish later** button displays at the bottom of each application page allowing the client to save their progress and complete the application later. Clicking the **Save and finish later** button displays one of two options based on the information saved in the application:
 - The *Save and finish later?* popup displays with an explanation point when required information is missing from the application
 - Clicking the **Save application anyway** button deletes the information entered on the page
 - Clicking the **Cancel** button closes the popup
 - The *Save and finish later?* popup displays when all required information has been entered. A message displays informing the Client that they have 30 days to finish the application.
 - Clicking the **Cancel** button closes the popup



- The **Cancel application** button displays at the bottom of each application page allowing the Client to cancel their application. Clicking the **Cancel application** button displays the *Cancel your application?* popup. Clients are informed that all entered data is deleted. Clicking the **Back** button closes the popup



Demographics Information

The *Demographics Information* page displays optional questions as follows:

- **What is your race?**
- **Are you of Hispanic, Latino, or Spanish origin?**
- **What is your origin?**

Clicking the **Next** button navigates the Client to the *Sexual Orientation and Gender Identity* page.

The screenshot shows a web form titled "PERSONAL DETAILS" with a sub-section "Demographics Information". The form is part of a multi-step process, with "Personal Details" being the first step (indicated by a yellow circle with the number 1). The navigation bar at the top includes "Personal Details", "Address and Contact", "Other Health Coverage", "Family Size and Income", and "Review and Submit".

On the left side of the form, there is a "Back" button and a list of sections: "Basic Information" (checked), "Demographics" (highlighted), and "Sexual Orientation and Gender Identity".

The "Demographics Information" section contains the following questions and options:

- What is your race?**
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Native Hawaiian
 - Asian Indian
 - Cambodian
 - Chinese
 - Filipino
 - Hmong
 - Japanese
 - Korean
 - Laotian
 - Vietnamese
 - Guamanian or Chamorro
 - Samoan
 - Other
 - I decline to answer
- Are you of Hispanic, Latino, or Spanish origin?**
 - Yes
 - No
- What is your origin?**
 - Mexican, Mexican American, or Chicano
 - Salvadoran
 - Guatemalan
 - Cuban
 - Puerto Rican
 - Other origin

At the bottom of the form, there are three buttons: "Next →" (a dark blue button), "OR", and "Save and finish later" (a white button with a blue border). Below these buttons is a "Cancel application" link with a blue icon.

Sexual Orientation & Gender Identity

The *Sexual Orientation & Gender Identity* page displays questions related to the Client's sexual orientation and identity.

The only required question for this page is: ***What is your sex?*** The following options display for selection:

- **Female**
- **Male**
- **Transgender: Female to Male**
- **Transgender: Male to Female**

Clicking the **Next** button navigates the Client to the *Address and Contact* section.

The screenshot shows a multi-step application process. At the top, there are five numbered steps: 1 (Personal Details), 2 (Address and Contact), 3 (Other Health Coverage), 4 (Family Size and Income), and 5 (Review and Submit). The current step is 1, 'Personal Details'. On the left, a sidebar shows a progress list: 'Basic Information' (checked), 'Demographics' (checked), and 'Sexual Orientation and Gender Identity' (highlighted). The main content area is titled 'PERSONAL DETAILS' and 'Sexual Orientation & Gender Identity'. It features a 'Back' button and a list of questions. The first question is '*What is your sex?' with four radio button options: 'Female', 'Male', 'Transgender: Female to Male', and 'Transgender: Male to Female'. Below this is an informational box stating that the following questions are optional. The next question is 'What sex was listed on your original birth certificate?' with three radio button options: 'Female', 'Male', and 'I decline to answer'. The third question is 'What is your gender?' with a dropdown menu set to 'Select one'. Below the dropdown is a note: 'Select the option that best describes your current gender identity.' The fourth question is 'How do you define your sexual orientation?' with a dropdown menu set to 'Select one'. At the bottom of the form, there are three buttons: 'Next →' (a dark blue button), 'OR', and 'Save and finish later' (a light blue button). At the very bottom, there is a 'Cancel application' button with a red 'X' icon.

Address and Contact Section

Clients enter their address and preferred contact method to receive information from the Department of Health Care Services (DHCS) regarding their Family PACT benefits.

Address

The *Address* page allows the Client to enter either their home or mailing address.

What type of address is this? displays for Clients to identify the type of address being entered. Available options are:

- **Home address** (default)
- **Mailing address**

The standard address fields are required:

- **Street Address**
- **City**
- **State**
- **Zip code**

Clicking the **Next** button navigates the Client to the *Confirm Your Address* page.

Confirm Your Address

Smarty Streets software compares the address entered and dynamically displays the following on the *Confirm Your Address* page:

- **Recommended Address** tile – Displays the address when there is a match identified
- **Original Address** tile – Displays the original address entry
 - **Edit** link – Navigates the Client to the *Address* page to edit address information

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Note: An *Other Matches* section displays with other likely addresses when the address entered cannot be confirmed. A **View more** link displays additional suggested addresses when more than one suggested address exists.

- Messaging displays informing the Client to review the address and make updates before continuing when no address is found

We could not find the address you entered because it may not be complete. We also could not find any addresses that closely match to the one you gave us. Review your address and make sure it is correct before continuing. A mistake in your address could affect your eligibility.

! IMPORTANT! We may not be able to send mail to the address you entered.

Clicking the **Next** button on the *Confirm Your Address* page navigates the Client to the *Preferred Contact Method* page.

Preferred Contact Method

The *Preferred Contact Method* page displays a tile for each of the different contact methods. The method chosen during account creation pre-populates. Clients may select a different method by selecting the tile for that method.

The following contact methods display:

- **Email**
- **Text**
- **Phone**
- **Mail**

An **Email address** or **Phone number** field displays to enter contact information when **Phone**, **Email** or **Text** is selected as the preferred method.

Clicking the **Next** button navigates the Client to the *Health Coverage* section.

Personal Details Address and Contact Health Coverage Family Size and Income Review and Submit

← Back ADDRESS AND CONTACT

✓ Address Preferred Contact

If we need to get in touch with you, how do you want us to contact you?

Email

Text

Phone

Mail

* Email address
ellis@mailinator.com

Next →

OR

Save and finish later

Cancel application

Health Coverage Section

The *Health Coverage* section displays questions about the Client's Medi-Cal status and other healthcare that covers contraceptive methods and Share of Cost.

Medi-Cal Status

Clients answer questions regarding Medi-Cal benefits and provide additional Medi-Cal information. Questions dynamically display based on the Client's response.

Clicking the **Yes** radio button on the **Do you currently receive Medi-Cal benefits?** question displays:

- **Medi-Cal card number** field
- **Medi-Cal card issue date** field

* Please provide your Medi-Cal information.

Medi-Cal card number	Medi-Cal card issue date
<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>

• Please enter a Medi-Cal card number. • Please enter your Medi-Cal card issue date as mm/dd/yyyy.

- **I do not know my Medi-Cal Information.** checkbox – Clicking the checkbox disables the **Medi-Cal card number** and the **Medi-Cal card issue date** fields
- **Do you have restricted scope Medi-Cal that does not cover contraceptive methods?**
 - Clicking the **Yes** radio button displays the *Other Health Coverage (OHC)* section
 - Clicking the **No** radio button displays the **Have you met your Share of Cost (SOC) for Medi-Cal?** question. Clients select one of the following radio buttons:

- **Not applicable. My Medi-Cal does not have Share of Cost** – Clicking displays the *Barrier to Access* section

Personal Details Address and Contact **Health Coverage** Family Size and Income Review and Submit

← Back

HEALTH COVERAGE

Medi-Cal Status

* Do you currently receive Medi-Cal benefits?

Yes
 No

* Please provide your Medi-Cal information.

Medi-Cal card number	Medi-Cal card issue date
<input type="text" value="23423423422322"/>	<input type="text" value="09/04/2024"/>

OR

I do not know my Medi-Cal information.

* Do you have restricted scope Medi-Cal that does not cover contraceptive methods?

Yes
 No

* Have you met your Share of Cost (SOC) for Medi-Cal?

Not applicable. My Medi-Cal does not have Share of Cost.
 Yes, I have met my Share of Cost.
 No, I have an unmet Share of Cost.

Barrier to Access

* Are you unable to use your other health coverage due to a barrier to access?

A barrier to access means you cannot use your health coverage because you are concerned a spouse, partner, or parent(s) may be notified of your family planning visit.

Yes
 No

Next →

OR

Cancel application

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- **Yes, I have met my Share of Cost** – Clicking displays the *Barrier to Access* section
- **No, I have an unmet Share of Cost** – Clicking displays the *Other Health Coverage (OHC)* section

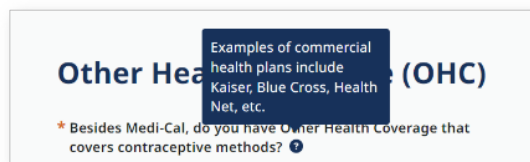
Note: Error messages display in red on the *Medi-Cal Status* page and prompts the Client to update the required fields when the Client skips the mandatory questions and clicks the **Next** button.

- Clicking the **tooltip** next to the **Have you met your Share of Cost (SOC) for Medi-Cal?** question displays:
- *Share of Cost (SOC) is similar to a private insurance plan's out-of-pocket deductible. It is a monthly dollar amount some Medi-Cal recipients must pay toward their medical expenses.*

Clicking the **No** radio button for the **Do you currently receive Medi-Cal benefits?** question displays the *Health Coverage (OHC)* section.

Clicking the tool tip by the question: **Besides Medi-Cal, do you have Other Health Coverage that covers contraceptive methods?** displays:

Examples of commercial health plans include Kaiser, Blue Cross, Health Net, etc.



- **Yes, I have private insurance, such as commercial health plan or student health insurance.** – Clicking the radio button displays the **Has the deductible been met?** Question
- **No, I don't have other health coverage for family planning services**
- **I do not know**
 - **The Has the deductible been met?** question displays the following radio buttons:

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- **Yes** – Clicking the **Yes** radio button displays the *Barrier to Access* section
- **No**
- **I do not know**

The *Barrier to Access* section displays the following messaging:

- *A barrier to access means you cannot use your health coverage because you are concerned a spouse, partner, or parent(s) may be notified of your family planning visit.* Clients respond by clicking the **Yes** or **No** radio button

Clicking the **Next** button navigates the Client to the *Family Size and Income* section.

Family Size and Income section

The *Family Size and Income* section allows Clients to enter information about their Household (HH) size, income source, and taxable income which is used to determine eligibility for Family PACT benefits.

Your Income

Clients enter their income from employment, self-employment, and Social Security on the *Your Income* page. A Client who has more than one income source should select one source and provide one total monthly amount from all income sources. The following displays:

- Informational messaging about acceptable income types
- Clicking the **What is included in taxable income?** link displays the *What is included in taxable income?* popup
 - Clicking the **Ok** button closes the popup
- The Client's first name, last name, *Relationship*, and *Age* pre-populate from details entered in the application

What is included in taxable income?

<p>✓ Included</p> <p>Include these household income sources for individuals over 18:</p> <ul style="list-style-type: none">• Wages• Social Security• Pensions• Unemployment• Alimony received	<p>✗ Not Included</p> <p>Do not include these income sources:</p> <ul style="list-style-type: none">• Tax refunds• One-time inheritance payments• Scholarships for educational purposes• Child support received• Public assistance• Alimony paid• Money from selling property• Withdrawals of bank deposits
--	---

Ok

FAMILY SIZE AND INCOME

Your Income

List your taxable income first, such as income that comes from employment, self-employment and social security. If you have income from more than one place, you can add up your income sources and provide one total monthly amount.

[What is included in taxable income?](#)

Robert Smith

Relationship
Self

Age
37

* Income Source

* Taxable Monthly Income

OR

I have no taxable income

Next →

OR

[Cancel application](#)

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- Clicking the *Income Source* dropdown displays income sources for the Client to select such as **Self-employed, Wages or Salary, Social Security** etc.
- Clients enter their **Taxable Monthly Income**
- Checking the **I have no taxable income** checkbox disables the *Income Source* dropdown and **Taxable Monthly Income** fields

Note: A minor's application is considered a Household (HH) of one and only the minor's income is considered.

Clicking the **Next** button navigates the Client to the *Your Family Size and Income* page.

Your Family Size and Income

On the *Family Size and Income* page, the Client adds family members living in the same HH. The Client must list the taxable income for each family member added.

- Clicking the **Which family members should you include?** link displays the *Which family members should you include?* popup
- Clicking the **Ok** button closes the popup

Which family members should you include?

If you are a tax filer
If you intend to file taxes and are not claimed as a dependent, please include your spouse if living together and your tax dependents (children).

If you are a tax dependent
If someone, such as your parents or your spouse, claims you on their taxes, list everyone on that person's tax form.

Ok

- Clicking the **Edit** link in the Client's *[Name], [Age]* tile navigates the Client to the *Your Income* page for the individual to edit the income source and taxable monthly income
- Clicking the **+ Add family member** button navigates the Client to the *Add Family Member* page. The **+ Add family member** button is disabled for minors

Personal Details Address and Contact Health Coverage **Family Size and Income** Review and Submit

← Back

FAMILY SIZE AND INCOME

Your Family Size and Income

List the family members who live with you (spouse and children). For each family member, list their taxable income. If you do not have any family members living with you, you can click "Next" and proceed to the next step.

[Which family members should you include?](#)

Robert Smith, 37	
Self	
Income Source	Taxable Monthly Income
Wages or salary	1200
Edit	

+ Add family member

Total

1 Household size	\$1200 Taxable Monthly Income
----------------------------	---

Next →

OR

Save and finish later

[Cancel application](#)

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The *Add Family Member* page allows the Client to add family members living in the same household. The following family member information is required:

- *Add your family member's details* section:
 - **First Name**
 - **Last Name**
 - *Relationship*
 - **Age**
 - *Add your family member's income* section:
 - *Income Source* dropdown
 - **Taxable Monthly Income** field
- OR
- **This family member has no taxable income** checkbox – Select when the family member added does not have taxable income to report. The *Income Source* dropdown and **Taxable Monthly Income** fields disable

Clicking the **Save** button saves the family member's information and navigates the Client to the *Your Family Size and Income* page, displaying the new family member.

Clicking the **Cancel** button deletes all data entered and closes the page.

Personal Details Address and Contact Other Health Coverage **Family Size and Income** Review and Submit

Add Family Member

List the family members who live with you (spouse and children).
For each family member, list their taxable income.

[Which family members should you include?](#)

Add your family member's details

* First name

* Last name

* Relationship
Select one

* Age

Add your family member's income

[What is included in taxable income?](#)

* Income Source
Select one

* Taxable Monthly Income
\$

OR

This family member has no taxable income

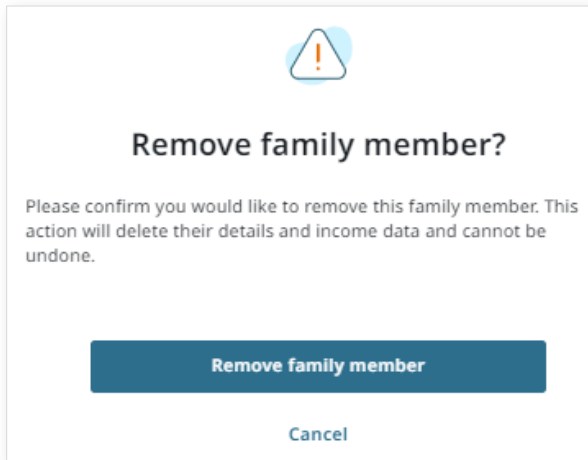
Save

Cancel

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The *Your Family Size and Income* page displays all family members added to the Client's application.

- Clicking the **Edit** link navigates the Client to the *Edit Family Member* page
- Clicking the **Remove** link displays the *Remove family member?* popup



- Clicking the **Remove family member?** button removes the family member
- Clicking the **Cancel** button closes the popup
- The *Total* section displays the Client's total *Household Size* and total *Taxable Monthly Income*

Clicking the **Next** button navigates the Client to the *Retroactive Eligibility* page.

FAMILY SIZE AND INCOME

Your Family Size and Income

List the family members who live with you (spouse and children). For each family member, list their taxable income. If you do not have any family members living with you, you can click "Next" and proceed to the next step.

[Which family members should you include?](#)

Megan Hunt, 30
Self

Income Source	Taxable Monthly Income
—	—

[Edit](#)

Jason Lin, 32
Domestic partner or common law

Income Source	Taxable Monthly Income
Self-employment	3000

[Edit](#) [Remove](#)

[+ Add family member](#)

Total

2
Household size

\$3000
Taxable Monthly Income

[Next →](#)

OR

[Save and finish later](#)

[Cancel application](#)

Retroactive Eligibility

Retroactive Eligibility allows Clients who have paid for family planning or reproductive health services in the last 90 days to apply for reimbursement of those costs.

- Selecting the **Yes** radio button displays a *You may be eligible for Retroactive Eligibility!* tile in the *Get Started with your Family PACT Program* section on the Client Dashboard. Clicking the **How to apply** caret expands the section and displays steps on how to apply
- Clicking the **What kind of family planning /reproductive health services does Family PACT cover?** link displays the *Family Planning or Reproductive Health Services* popup:

- Clicking the **Medi-Cal** link navigates the Client to the Medi-Cal Providers website
- Clicking the **Every Women Counts** link navigates the Client to the DHCS website
- Clicking the **Covered California** link navigates the Client to the Covered California website
- Clicking the **Ok** button closes the popup

Clicking the **Next** button on the *Retroactive Eligibility* page navigates the Client to the *Review Application* section.

Personal Details Address and Contact Other Health Coverage Family Size and Income Review and Submit

← Back

Retroactive Eligibility

Review Application

Sign and Submit

YOU MAY QUALIFY FOR REIMBURSEMENTS

Retroactive Eligibility

* Have you had out-of-pocket expenses for family planning or reproductive health services in the past three months that could be covered by Family PACT?

[What kind of family planning/reproductive health services does Family PACT cover?](#)

Yes

No

Next →

OR

Save and finish later

Cancel application

Family Planning or Reproductive Health Services

- ✓ Covered by FPACT
 - Various birth control methods, including long-acting reversible contraceptives, emergency contraception, and sterilization
 - Family planning counseling and education
 - Sexually transmitted infection (STI) testing & treatment
 - HIV testing
 - Cervical cancer screening
 - Limited fertility services
- ✗ Not covered by FPACT
 - Emergency room visits, inpatient services for pregnant people. Coverage for these services may be available through [Medi-Cal](#).
 - You may be able to receive breast health services through [Every Woman Counts](#).
 - Health care needs not related to family planning. You may be eligible for other health coverage through [Covered California](#).

Ok

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Review Application

The *Review Application* page summarizes all information provided by the Client and allows the Client to edit and/or confirm the information entered.

The *Review Application* page displays each section of the Family PACT application.

- Clicking the **Edit** link next to a section allows the Client to update the corresponding section

Clicking the **Next** button allows the Client to sign and submit the application.

The screenshot displays the 'Review Application' page in the HCS Family PACT system. The page is structured with a top navigation bar, a progress indicator, and a main content area. The progress bar shows five steps: Personal Details, Address and Contact, Other Health Coverage, Family Size and Income, and Review and Submit. The 'Review Application' section is currently active. The main content area is divided into several sections, each with an 'Edit' link: 'Basic Information' (First name: Patti, Middle name: —, Last name: La bell, Suffix: —, Date of birth: 09/09/2008, Social Security Number (Last 4): —, Marital status: —, Your primary language: English), 'Demographics' (What is your race? —, Are you of Hispanic, Latino or Spanish origin? —), 'Sexual Orientation and Gender Identity' (What is your sex? Female, What sex was listed on your original birth certificate? —, What is your gender? —, How do you define your sexual orientation? —), 'Address' (Type of address: Home address, Street address: 748 Data Drive, Apartment or suite number: —, City: Rancho Cordova, State: California, Zip Code: 95670), 'Preferred Contact Method' (Preferred Contact Method: Phone, Phone number: 9167021813), 'Health Coverage' (Do you currently receive Medi-Cal benefits? No, Medi-Cal card number: —, Medi-Cal card issue date: —, Do you have restricted scope Medi-Cal that does not cover contraceptive methods? —, Have you met your Share of Cost (SOC) for Medi-Cal? —, Besides Medi-Cal, do you have Other Health Coverage that covers contraceptive methods? Yes, I have private insurance, such as commercial health plan or student health insurance., Has the deductible been met? Yes, Are you unable to use your other health coverage due to a barrier to access? No), 'Family Size and Income' (Total family size: 1, Taxable Monthly Income: I have no taxable income), and 'Retroactive Eligibility' (Have you had out-of-pocket expenses for family planning or reproductive health services in the past three months that could be covered by Family PACT? No). At the bottom, there are three buttons: 'Next ->', 'OR', and 'Save and finish later'.

Sign and Submit


The *Sign and Submit* page displays a *Binding Arbitration Agreement*.

- Clicking the **Print** icon allows the Client to print the agreement

The Client is required to read and accept the terms by scrolling to the bottom and selecting the **I confirm that I have read and agree to the Binding Arbitration Agreement** checkbox.

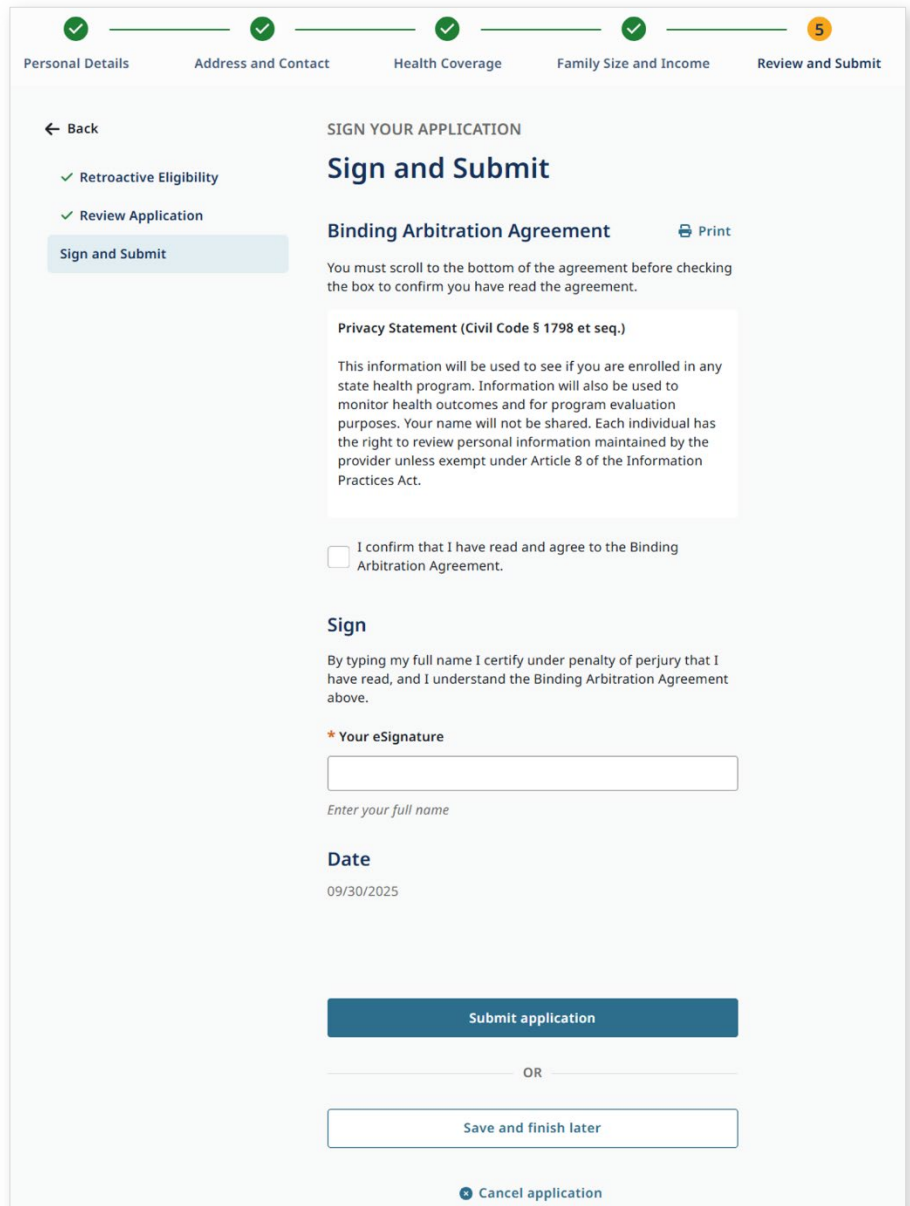
The Client enters their eSignature in the **Your eSignature** field, certifying under penalty of perjury that they have read and understand the *Binding Arbitration Agreement*.

Note: A *Provider site* dropdown displays for Provider Staff and Site Certifiers who are associated to more than one site location. Users are required to select the site location they are working from.



* Provider site
Select one
This should be the provider site you are working from.

Clicking the **Submit application** button submits the application and navigates the Client to the Client dashboard.




Personal Details Address and Contact Health Coverage Family Size and Income Review and Submit

← Back

✓ Retroactive Eligibility
✓ Review Application
Sign and Submit

SIGN YOUR APPLICATION

Sign and Submit

Binding Arbitration Agreement  Print

You must scroll to the bottom of the agreement before checking the box to confirm you have read the agreement.

Privacy Statement (Civil Code § 1798 et seq.)

This information will be used to see if you are enrolled in any state health program. Information will also be used to monitor health outcomes and for program evaluation purposes. Your name will not be shared. Each individual has the right to review personal information maintained by the provider unless exempt under Article 8 of the Information Practices Act.

I confirm that I have read and agree to the Binding Arbitration Agreement.

Sign

By typing my full name I certify under penalty of perjury that I have read, and I understand the Binding Arbitration Agreement above.

* Your eSignature


Enter your full name

Date

09/30/2025

Submit application

OR

 Cancel application