



## City of Phoenix residency attestation

Name of individual receiving services: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of parent/guardian (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Mercy Care is overseeing American Rescue Plan Act (ARPA) funds awarded to the City of Phoenix to provide behavioral health care and other services in response to the pandemic's negative impact on the community.

The program will connect City of Phoenix residents who are not eligible for Medicaid or Medicare and have experienced harmful effects as a result of the ongoing pandemic to Mercy Care's contracted network of ARPA providers. These providers will deliver behavioral health services to eligible Phoenix residents, adults and children.

### ATTESTATION

The individual receiving services and named above, (collectively "service recipient") lives in the City of Phoenix. This means that the service recipient has voluntarily established permanent residency in the City of Phoenix, not merely for a special or limited purpose.

The service recipient does not have any health insurance which covers the services they will receive.

Under penalty of perjury and acknowledged by my signature below, I swear, or affirm, that the statement(s) made above in this attestation are true and correct to the best of my knowledge.

\_\_\_\_\_  
Print name  
(Service recipient or parent/guardian of service recipient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
(Service recipient or parent/guardian of service recipient)

\_\_\_\_\_  
Date