



2019-20 Medicaid and/or Supplemental Security Income Clarification Form
(Student)

Student Name [input box]

SSU I.D. [input box]

Instructions to Student:

On your Free Application for Federal Student Aid (FAFSA), you indicated receipt of either Medicaid or Supplemental Security Income (SSI) benefits. Complete Section 1 of this form. If applicable, also complete Section 2. Then, complete the Statement of Certification.

Section 1: Medicaid/Medi-Cal

At any time during 2017 or 2018, did you (or your spouse) or anyone in your household receive benefits from Medicaid (known as Medi-Cal in California)?

[checkbox] Yes, Medicaid (Medi-Cal) benefits were received in 2017 or 2018.

If you checked Yes, you do not need to complete Section 2 of this form. Complete the Statement of Certification and submit this form to our office.

[checkbox] No, Medicaid (Medi-Cal) benefits were not received in 2017 or 2018.

If you checked No, proceed to Section 2 of this form.

Section 2: Supplemental Security Income (SSI)

At any time during 2017 or 2018, did you (or your spouse) or anyone in your household receive benefits from Supplemental Security Income (SSI)?

[checkbox] Yes, SSI benefits were received in 2017 or 2018.

If you checked Yes, attach a copy of your 2017 or 2018 Supplemental Security Income statement from the Social Security Administration (SSA). If you need to get proof of SSI received, request a Proof of Income statement from the SSA at (800) 772-1213 or online at www.ssa.gov. Complete the Statement of Certification and submit this form to our office.

[checkbox] No, SSI benefits were not received in 2017 or 2018.

If you checked No in Section 1 and in Section 2, you must correct your answer to the "Medicaid or Supplemental Security Income (SSI)" question to "No" on the FAFSA. Complete the Statement of Certification and submit this form to our office.

Statement of Certification
I certify that the above information is true and complete.
Student Signature Date Phone number