

**CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)  
NONMEDICAL OUT-OF-HOME CARE (NMOHC) PAYMENT STANDARD  
ELIGIBILITY DETERMINATION – RETROACTIVE CERTIFICATION OF  
NMOHC PAYMENT STANDARD ELIGIBILITY**

When the county cannot obtain material evidence that the claimant needed and was receiving care in the living arrangement continuously from an earlier date, have the claimant complete the statement below. When this is necessary, the county will enter the date of the claimant's attestation in Section C.

NOTE: MPP §46-140.65 provides that the earliest retroactive payment of the NMOHC rate for an individual who is already receiving CAPI is the month in which the care began, or three (3) months prior to the month the county is asked to certify the NMOHC living arrangement, whichever is later.

**CLAIMANT'S STATEMENT FOR RETROACTIVE CERTIFICATIONS**

Name of Claimant \_\_\_\_\_

Case Number \_\_\_\_\_

I certify that I have been receiving nonmedical out-of-home care in my current living arrangement since \_\_\_\_\_ (MM/DD/YYYY) from the following person:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

I AGREE TO IMMEDIATELY NOTIFY THE COUNTY WITHIN 10 DAYS IF THERE IS ANY CHANGE IN MY CURRENT LIVING ARRANGEMENT.

Claimant's/Authorized Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

First Signature of Witness (if claimant signs by mark) \_\_\_\_\_

Date \_\_\_\_\_

Second Signature of Witness (if claimant signs by mark) \_\_\_\_\_

Date \_\_\_\_\_