

Reviewing the Statement of Facts (MC 210 RV)

The MC 210 RV is divided into nine sections, with each section asking the beneficiary to provide information on specific subject matter as follows:

[Article 4, Section 15.3 - Required Forms](#)

Section	Title	Purpose
1	Income	All income received by all MFBU members living in the home or temporarily away from home, including: <ul style="list-style-type: none"> • Earned income • Unearned income • In-Kind income
2	Expenses and Deductions	Applies to expenses MFBU members have to pay from income received. The beneficiary must provide supporting documentation before the allowable expense can be deducted from income.
3	Other Health Insurance	Applies to the following: <ul style="list-style-type: none"> • Other health coverage information • Dialysis Special Treatment Programs
4	Living Situation	Information on household changes that may affect linkage, program eligibility and SOC, including: <ul style="list-style-type: none"> • Household member changes • Newborn Information • Persons residing in a nursing facility or medical institution • Pregnant women in the home
5	Real and Personal Property	Information on determining ownership of property and disposition of property. Applies to all MFBU members receiving Medi-Cal except for individuals eligible for FPL Property Waiver programs, including: <ul style="list-style-type: none"> • Infants • Children under 19 • Pregnant women If eligible under a FPL program, individuals shall have their eligibility review completed without delay.
6	Immigration or Citizenship Status Change	Only applies to family members in the home who have a change in citizenship or immigration status. Clients are not required to report immigration or citizenship status of family members who are not receiving or requesting Medi-Cal.
7	Blindness/ Disability/ Incapacity	Allows the beneficiary to report any disabling condition not previously known or reported to the county.
8	Other Health Program Information and Referrals	Serves as a request for additional information on, or referral to, other programs and services available to low-income families including the following: <ul style="list-style-type: none"> • Healthy Families • CHDP • WIC • In Home Supportive Services (IHSS)/Personal Care Services (PCS)
9	Signature and Certification	Person completing the Annual Redetermination form MC210 RV must read and sign this section. Workers are not required to sign the MC210 RV.