

**California Department of Public Health  
Maternal, Child & Adolescent Health Division  
California Home Visiting Program  
Gift Card Signed Statement**

The California Home Visiting Program (CHVP) is a statewide program of the California Department of Public Health (CDPH) that provides funding and support for home visiting services. These services strive to improve the health and well-being of participants and their family. As part of the American Rescue Plan (ARP) Act, due to the COVID-19 Public Health Emergency, federal funds were authorized to provide gift cards to participating families enrolled in CHVP MIECHV-funded home visiting programs. Upon receipt of this card, participants agree to the following:

- Gift cards, gas cards and prepaid grocery cards must be used for the intended purpose (i.e., prepaid grocery card will be used to purchase groceries, gas cards will be used to purchase gas, gift cards will be used to purchase emergency supplies, such as PPE, food, and sanitizer, etc.).
- Gift cards, gas cards and prepaid grocery cards may *not* be used for the purchase of alcohol, tobacco or marijuana products or firearms.
- Gift cards, gas cards and prepaid grocery cards are to be treated as cash and will not be replaced if lost or stolen.
- Gift cards, gas cards and prepaid grocery cards may not be exchangeable for cash.
- Gas cards must be used for providing transportation support for the utilization of prepaid grocery cards, well-child or pre or postnatal visits.
- Gift cards must be used for purchasing emergency supplies.

The participant is receiving the following:

- Gift Card
  Gas Card
  Prepaid Grocery Card

Signed card statements must remain on file with **(insert County Name)** for three years after the grant period has ended. The California Department of Public Health can request this signed statement for review.

Card Details:

[card type]	Unique Serial Number:	
[card type]	Unique Serial Number:	
[card type]	Unique Serial Number:	

\_\_\_\_\_  
Home Visitor Signature

\_\_\_\_\_  
Home Visitor Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Date

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