



Chico Clinic

845 W. East Avenue
Chico, CA 95926
(530) 896-9400
Fax: (530) 896-9407

Dental and Maternal Health Center

500 Cohasset Rd. Ste 15
Chico, CA 95926
(530) 433-2500
Fax: (530) 433-2510

Children's Health Center

277 Cohasset Road
Chico, CA 95926
(530) 781-1440
Fax: (530) 342-1663

Red Bluff Clinic

2500 N. Main Street
Red Bluff, CA 96080
(530) 529-2567
Fax: (530) 529-2552

Willows Clinic

207 N. Butte Street
Willows, CA 95988
(530) 934-4641
Fax: (530) 934-4081

Woodland Clinic

175 West Court Street
Woodland, CA 95695
(530) 661-4400
Fax: (530) 661-4416

Northern Valley Indian Health, Inc.

Mobile Dental Clinic
530-520-6913
www.nvih.org

Documentation of Self-Sufficient Minor Status

For the purposes of obtaining medical, dental or surgical diagnosis or treatment, pursuant to Family Code §6922, I hereby certify that the following is true:

- I am fifteen years of age or older, having been born on _____ (date), at

_____ (location).
- I am living separate and apart from my parents or legal guardian.

_____ (Residence)

_____ (Phone number)

_____ (Parent/Guardian Residence)

_____ (Phone number)
- I am managing my own financial affairs.

_____ (Name/Address of Employer)

_____ (Other Sources of Income)

_____ (Location of Bank Account)
- I understand that, under the law, I will be financially responsible for my medical, dental, or surgical care and treatment.

_____ (Print Name)

_____ (Signed) _____ (Date)