



**Ysleta del Sur Pueblo Community Health Center  
Residency Information Update/Affidavit  
(upon leaving the El Paso/Hudspeth County)**

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**Residency Information**

**Name of Tribal Member:** \_\_\_\_\_

**New Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Telephone Number:** \_\_\_\_\_

**Date leaving El Paso/Hudspeth County:** \_\_\_\_\_

**Date information was provided to PRC:** \_\_\_\_\_

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**Residency Affidavit**

**I certify that all the above information I have provided is true. I understand that the penalty for falsifying or withholding information pertaining to my residency can lead to disqualification of medical services for up to one year.**

\_\_\_\_\_  
**Tribal Member's Signature**

\_\_\_\_\_  
**Date**

**Patient will become ineligible for PRC beginning:** \_\_\_\_\_