

Desk Aid 77:

Materials Required for Medi-Cal

APPLICATION:

Materials required to be provided to applicants at the time the initial application is submitted:

FORM NUMBER	FORM TITLE
MC 219	Important Information for Persons Requesting Medi-Cal
Pub 183 and 184	Child Health Disability Prevention (CHDP) Information
Pub 68	Medi-Cal "What it Means To You" Brochure
MC 003	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Brochure
N/A	Women, Infants, and Children (WIC) Brochure
N/A	California Voter Registration Card (VRC)
16-64 HHSA	National Voter Registration Act (NVRA) Voter Preference Form
MC 372	Breast and Cervical Cancer Treatment Program (BCCTP) Flyer
MC 4034 or GEN 1365	Multilingual Notification
Pub 13	Your Rights Under California Welfare Program Pamphlet
14-75 HHSA*	Mental Health Managed Care Notice
16-69 HHSA*	Public Charge flyer
20-46 HHSA*	Language Needs Determination
HHSA: HSD 7*	Health Care Options
09-98 HHSA*	CalFresh Outreach Flyer for Medi-Cal Applicants (non LTC only)
CF 285*	Application for CalFresh Benefits (non LTC only)
Form 142-732*	San Diego Gas & Electric CARE Program Form

The following is provided to **certain** Medi-Cal applicants:

Property information to be provided only to Non-MAGI applicants

FORM NUMBER	FORM TITLE
MC 007	Medi-Cal General Property Limitations
DHCS 7077	Notice Regarding Standards for Medi-Cal Eligibility
DHCS 7077-A	Notice Regarding Transfer of a Home for Both a Married and Unmarried Applicant/ Beneficiary

Citizenship/ Immigration Status

The Statement of Citizenship, Alienage, and Immigration Status (MC13) is no longer a required form to be provided to all applicants at initial application.

Child Support forms- CW 2.1 & CW 2.1Q

Child support forms are not required prior to granting eligibility. Staff will send these forms when they become aware that a child was born out of wedlock or a parent is absent from the home. Staff must follow up with beneficiary when there is no response by providing the Good Cause Determination form (CW51).

***County Required Forms**

Desk Aid 77:

Materials Required for Medi-Cal

RENEWAL:

Materials required to be provided to beneficiaries at the time of recertification:

FORM NUMBER	FORM TITLE
MC 219	Important Information for Persons Requesting Medi-Cal
N/A	California Voter Registration Card (VRC)
16-64 HHSA	National Voter Registration Act (NVRA) Voter Preference Form
MC 372	Breast and Cervical Cancer Treatment Program (BCCTP) Flyer
MC 4034 or GEN 1365	Multilingual Notification
Pub 13	Your Rights Under California Welfare Program Pamphlet
09-98 HHSA*	CalFresh Flyer for Medi-Cal (for non-LTC cases)
CF 285*	Applications for CalFresh Benefits (for non-LTC cases)
HHSA HSD 7*	Managed Care Information
20-44 HHSA*	Civil Rights Information

The following material must also be provided if there are persons under the age of 21 in the family:

FORM NUMBER	FORM TITLE
Pub 183 and 184	Child Health Disability Prevention (CHDP) Information
MC 003	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Brochure

*County Required Forms