

Provider Name	Provider Telephone Number
Provider Address	
Patient Name	
Patient Address	
Date	

EXPLANATION OF INELIGIBILITY FOR PRESUMPTIVE ELIGIBILITY

This is to advise you that, based on the information you provided, you are not eligible for the Presumptive Eligibility Program for Pregnant Women because of the reason checked below:

- Your total family income is more than 200 percent of the Federal Poverty Level for your family size.
- You are not pregnant.

Signature	
Name of person completing determination	Title

NOTICE: You may be eligible for the regular Medi-Cal program or other county medical programs. To get more information about who qualifies and how to apply, please call the number in the County Government section of your telephone director for the county social service department nearest where you live.