

Disability Determination Cover Sheet

Applicant's Name: _____

Decedent's Name: _____

DHCS Account Number: _____

Collection Representative's Name: _____

The California Welfare and Institutions Code, section 14009.5(b)(2)(C), establishes that the Department of Health Care Services (DHCS) will not claim when there is a child of any age who is blind or disabled, within the meaning of section 1614 of the federal Social Security Act (42 U.S.C., sec. 1382c).

If you do not have verification of disability or blindness from the Social Security Administration, you may request disability determination from DHCS. Please note that this packet will not serve as an application for Social Security Disability benefits. These documents are for Estate Recovery purposes only.

You must notify your DHCS Collection Representative of your intent to request a disability determination. If you have any further questions, please contact your DHCS Collection Representative.

Included:

- MC 223 – Applicant's Supplemental Statement of Facts for Medi-Ca**
- MC 220 – Authorization for Release of Information**
- DHCS 6249 – Appointment of Representative – Estate Recovery**
- _____
- _____
- _____
- _____
- _____