



State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

September 23, 2008

CCS Information Notice: No.: 08-08

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, AND STATE CHILDREN'S MEDICAL SERVICES
(CMS) BRANCH STAFF

SUBJECT: GHPP FORMS

This Information Notice provides you with information for CCS clients' that you may refer to GHPP. The English and Spanish "GHPP Application to Determine Eligibility" and the "GHPP Initial/Annual Income Verification Form" and associated instructions can be accessed at www.dhcs.ca.gov/services/ghpp/Pages/Apply.aspx. Current policy requires each GHPP applicant to meet residence and medical eligibility to participate in GHPP. Please feel free to use these forms for GHPP clients' to use for initial enrollment and annual review. Also we have included the English and Spanish versions of the "GHPP New Referral Form".

All of the above forms can be completed on-line and printed. If you have any questions, contact GHPP at (800) 639-0597.

Original Signed by Marian Dalsey, M.D., M.P.H.

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Children's Medical Services Branch