STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

March 19, 1990

Letter No: 90-28

To: All County Welfare Directors
All County Administrative Officer

SUBJECT: HEALTH INSURANCE QUESTIONNAIRE SPANISH VERSION

The purpose of this letter is to notify you that the Spanish version of the Health Insurance Questionnaire, DHS 6155(SP) (formerly the HRB 2A) is available and can be ordered from the Health Services Warehouse. The warehouse address is:

Department of Health Services Warehouse
1037 North market Boulevard, Suite 9
Sacramento, CA 95834

To order the forms, please refer to the Medi-Cal Eligibility Manual Letter Number 100 of July 6, 1988.

If you have any questions, please contact Verla Everson at (916) 739-2789, ATSS 497-2789.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: March 19, 1991