

Newborn Referral

The Newborn Referral form is used to assist a Medi-Cal eligible mom to report the birth of her child(ren) to Medi-Cal. By completing the information on this form, you help the county confirm the eligibility of the newborn so that the newborn can begin receiving Medi-Cal services. Mail or fax this form to the county. County information is located on the third and fourth pages of this form. Any changes to the household must be reported to the county, so, turn in this information quickly. The mother may also report the birth by phone to her eligibility worker. If you are acting on behalf of the mother, and are not a spouse, relative, or guardian, then your signature and identifying information is required in Section C. If entering through the Gateway Program, enter the Benefits Identification Card (BIC) number assigned to the infant **(optional)**.

<b>Section A:</b> The mother’s Medi-Cal card can be used during the birth month and the month following for services and billing for the newborn.				
First Name:	M.I.	Last Name:	Date of Birth:	BIC or SSN:
Mailing Address (number and street) or location:			County:	
City:			State:	Zip Code: Phone Number:

**Section B:** Reminder: A child born to a mother with restricted benefits is eligible for full-scope benefits.  
**Newborn**

First Name:	M.I.:	Last Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIC (optional):
First Name:	M.I.:	Last Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIC (optional):
First Name:	M.I.:	Last Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIC (optional):
First Name:	M.I.:	Last Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIC (optional):
First Name:	M.I.:	Last Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIC (optional):
Where born (hospital name, clinic name, etc.):					
Address (number and street, if available):		City:		State:	Zip Code:

I hereby authorize release of this information to the County Department of Social Services/county welfare department.

Date of Request:	Parent/Relative/Guardian (of the Infant) Signature
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**Section C:** (Fill in this section if form was completed by person other than parent, relative, or guardian.)

Completed by (Please Print):	Title:
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National Provider Identifier (NPI) Number (if Medi-Cal provider/hospital/clinic/group, etc.):	Phone Number:
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I certify to the best of my knowledge that the information above is verified and accurate.

Signature (person other than parent, relative, or guardian):	Date Completed:
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Distribution:            Original – County            Copy 1 – Hospital/Clinic/Nurse-Midwife/CAA/AR            Copy 2 – Parent/Relative/Guardian

**Newborn Referral County Central Location Phone List**

<b>Number</b>	<b>Department Name</b>	<b>County Number</b>	<b>FAX Number</b>
1	Alameda County Social Services Agency	510-259-3537	510-259-3880
2	Alpine County Health & Human Services	530-694-2235	530-694-2252
3	Amador County Department of Social Services	209-223-6550	209-257-0242
4	Butte county Department of Social Services	None	530-879-3468
5	Calaveras Health and Human Services Agency	209-754-6447	209-754-9049
6	Colusa County Department of Health & Human Services	530-458-0250	530-458-0492
7	Contra Costa County Employment & Human Services	1-866-663-3225	925-608-4918
8	Del Norte County Department of Health and Social Services	707-464-3191	707-465-1783
9	El Dorado County Health and human Services Agency	530-642-7300	530-626-7734
10	Fresno County Human Services System	559-600-1377	559-600-0901
11	Glenn County Health & Human Services Agency	530-934-1415	530-934-6521
12	Humboldt County Department of Social Services	877-410-8809	707-269-3598
13	Imperial County Department of Social Services	760-337-6800	760-370-0492
14	Inyo County Department of Social Services	760-872-1394	760-872-4950
15	Kern county Department of Human Services	877-440-8812	661-633-7498
16	Kings County Human Services Agency	559-852-2206	559-852-2206
17	Lake County Department of Social Services	707-995-4200	707-995-4204
18	Lassen County WORKS	530-251-8152	530-251-8149
19	Los Angeles County M/C Mail-In Application District	213-765-6752	213-763-8666
20	Madera County Department of Social Services	209-675-2403	559-675-7983
21	Marin County Department of Health and Human Services	415-473-3400	415-473-3556
22	Mariposa County Department of Human Services	209-966-2000	209-966-8251
23	Mendocino County Health and Human Services Agency	707-463-7700	707-463-7859
24	Merced County Human Services Agency	209-385-3000	209-354-2505
25	Modoc County Department of Social Services	530-233-6501	530-233-6504
26	Mono County Department of Social Services	760-932-7291	760-924-5431
27	Monterey County Department of Social Services	877-410-8823	855-370-6005
28	Napa County Health and Human Services	707-253-4511	707-253-6095
29	Nevada County Health & Human Services	530-265-1634	530-265-9860
30	Orange County Social Services Agency	800-281-9799	714-645-3482
31	Placer County Health and Human Services	916-784-6000	916-784-6100
32	Plumas County Department of Social Services	530-283-6350	530-283-6368
33	Riverside County DPSS/APD Section	951-358-6508	951-358-3990
34	Sacramento County Dept of Human Asst/Newborn Referral	916-875-2222	916-854-9225
35	San Benito County Human Services Agency	831-637-5336	831-637-9754
36	San Bernardino County DPSS	909-383-9700	909-792-7396
37	San Diego County Health & Human Services Agency	866-262-9881	858-467-9088
38	San Francisco County Department of Human Services	855-355-5757	415-355-2432
39	San Joaquin County Human Services Agency	209-468-1000	209-932-2662

<b>Number</b>	<b>Department Name</b>	<b>County Number</b>	<b>FAX Number</b>
40	San Luis Obispo County Department of Social Services	805-781-1600	805-781-1846
41	San Mateo County Human Services Agency	650-802-7570	650-631-5806
42	Santa Barbara County Department of Social Services	805-346-7388	805-287-3892
43	Santa Clara County Social Services Agency	800-753-0024	408-792-1890
44	Santa Cruz County Human Resources Agency	831-454-4316	831-763-8530
45	Shasta County Department of Social Services	1-877-652-0731	530-225-5288
46	Sierra County Social Services	530-993-6720	530-993-6741
47	Siskiyou County Human Services	530-841-2700	530-841-2791
48	Solano County Health and Social Services	800-400-6001	707-864-3108
49	Sonoma County Social Services Department	1-877-699-6868	707-565-5353
50	Stanislaus county Department of Social Services	877-652-0734	209-558-2189
51	Sutter County Department of Human Services	530-822-4411	530-822-7212
52	Tehema County Department of Social Services	530-528-4081	530-527-5410
53	Trinity County Health and Human Services Department	530-623-1265	530-623-1250
54	Tulare County Department of Public Social Services	559-685-4825	559-685-3545
55	Tuolumne County Department of Social Services	209-533-5711	209-533-5714
56	Ventura County Human Services Agency	888-472-4463	805-477-5387
57	Yolo County Health and Human Services Agency	530-661-2750	530-661-2658
58	Yuba County Department of Health and Human Services	1-877-652-0739	530-749-6797