



Medi-Cal Form for Special Health Care Needs

Do you or does someone in your home have special health care needs?

You might qualify for more services through Medi-Cal if you have special health care needs.

- Do you (or does someone in your home) have a disability? Yes No
- Do you (or does someone in your home) need nursing home care or other long-term care services? Yes No
- Do you (or does someone in your home) have high frequent medical bills?
Yes No

If you answered **Yes** to any of the questions, fill out this form. Then send this form and the required documents with your application or take them to your county social services office.

If you answered **No** to all of these questions, you do not qualify for more Medi-Cal services. You do not need to fill out this form.

However, if you still think you have special health care needs, contact your county social services office to see if you qualify for other health programs.

Tell us about your property and your possessions

Name: _____ Date: _____

Check **Yes** or **No** for each item belonging to you or any family member living in your home.

Property or possession		
1. Cash	Yes	No
2. Uncashed checks	Yes	No
3. Checking account or savings account <i>If yes, send copies of account statements showing balances.</i>	Yes	No
4. Shares of stock or mutual funds <i>If yes, please send a copy of the statements, or stock or mutual fund certificates showing the number of shares.</i>	Yes	No
5. Individual Retirement Accounts (IRAs), Keoghs, or work-related pension funds <i>If yes, please send the most recent statements from your employer, financial institution, or brokerage showing the amount of principal and interest you are receiving or the cash value (after penalties for early withdrawal).</i>	Yes	No

If you have questions or you need help, please call your county eligibility worker.

Property or possession

6. Annuities	Yes	No
7. Burial trusts	Yes	No
8. Burial contracts or burial insurance	Yes	No
9. Trusts or agreements (where money or property is held for the benefit of any family member in the home)	Yes	No
10. Blocked accounts	Yes	No
11. Courtordered settlements	Yes	No
12. Judgments	Yes	No
13. Orders for support	Yes	No
14. Prenuptial and postnuptial agreements	Yes	No
15. Promissory notes	Yes	No
16. Mortgages, deeds of trust	Yes	No

➔ ***If you answered yes to any of the questions 6-16, please provide copies of the policies, contracts, trusts, purchase agreements, court orders, account documents showing investments and distributions***

17. Business accounts and property <i>If yes, please send tax returns, invoices, receipts, licenses, profit and loss statements, or other documents showing ownership.</i>	Yes	No
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18. A house, condominium, ranch, land, mobile home, or life estate that you live in now or used to live in, and <ul style="list-style-type: none"> ▪ <i>now another member of your family lives in it, such as your spouse, a child under 21, a disabled son or daughter, dependent relative, or a sibling; or</i> ▪ <i>the family member who lives there now has lived on the property for at least a year to care for you so that you</i> 	Yes	No
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Property or possession

19. If you own a home and do not live in it now, but hope to return someday, please tell us. Yes No

If yes, please write the address of the property here:

If no, please send a copy of the most recent tax assessment.

If you choose to, you may provide an appraisal from a qualified real estate appraiser and that value will be used if it is lower.

20. Other real estate (condominiums, buildings, mobile homes, life estates, time shares) Yes No

21. Real estate (oil and mineral rights) Yes No

If yes, please send copies of the mortgage papers, most recent tax assessment, registration, or ownership documents.

22. Motorcycles, trailers, boats, or other motorized vehicles used: Yes No

- on the job (such as a taxi);
- to travel long distances to work (such as a truck used by a contractor working out of town);
- to carry the main supply of fuel or water for your home;
- to transport a disabled or incapacitated family member living in the home **or**
- as a business property.

Please send a copy of the owner documents or most recent registrations, purchase agreements, sales receipts, or estimates of value.

23. Jewelry worth more than \$100.00 (but not wedding rings, engagement rings, or heirlooms). Yes No

If yes, please send copies of sales receipts, appraisals, estimates of value or insurance documents.

24. Any other real or personal property, assets, or resources worth \$500 or more. Yes No

If yes, please send statements about the property and its worth.

Property or possession

<p>25. Life insurance or long-term care insurance</p> <p><i>If yes, send copies of your policies, contracts, and purchase agreements. If your policy is a certified California Partnership for Long-term Care policy, send a copy of your most recent benefit statement.</i></p> <p>➔ If copies have already been given to your worker, you do not need to send them again.</p>	<p>Yes</p>	<p>No</p>
<p>26. Has anyone spent or used any of the items listed to pay for medical services, or to guarantee payment for medical services?</p> <p><i>If yes, please explain in the “Additional Comments or Information section” at the end of this form and attach proof.</i></p> <p>➔ If you owe money on anything listed above in questions 1 through 26, please send copies of the lien, loan, or security documents.</p>	<p>Yes</p>	<p>No</p>
<p>27. If you are receiving Medi-Cal now, did you or any family member in the home sell or give away any money or property in the past 12 months?</p> <p><i>If yes, please explain in the “Additional Comments or Information” section at the end of this form and attach proof.</i></p>	<p>Yes</p>	<p>No</p>
<p>28. If you are applying for Medi-Cal, did you or any family member in the home sell or give away any money or property in the past 36 months?</p> <p><i>If yes, please explain in the “Additional Comments or Information” section at the end of this form and attach proof.</i></p>	<p>Yes</p>	<p>No</p>
<p>29. If you are applying for Medi-Cal now, did you or any family member in the home sell or give away any money or property in the past 60 months to or from a trust or other agreement for holding money or property for the benefit of someone?</p> <p><i>If yes, please explain in the “Additional Comments or Information” section at the end of this form and attach proof.</i></p>	<p>Yes</p>	<p>No</p>

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Additional comments or information:

When I sign below it means that:

I certify under penalty of perjury under the laws of the State of California the following:

- I understand all the questions on this application, and my answers are true and correct to the best of my knowledge. If I did not know the answer, I tried to confirm the information with someone who did know the answer.
- I know that if I do not tell the truth I may have civil or criminal penalties, including up to four years in jail.
This is the law: California Penal Code Section 126
- I know that all information on this application will be used to decide if the people applying for health insurance qualify.
The information will be kept private as required by federal and California law.
- I agree to tell the county worker within 10 days (in person, over the phone, or by fax) if anything on this form changes or is different from what I have written.

Signature: _____ **Date:** _____

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