

## MEDI-CAL REQUEST FOR INFORMATION

Notice Date:  
Case Number:  
Worker Name:  
Worker ID Number:  
Worker Fax Number:  
Worker Telephone Number:  
Office Hours:  
Notice For:

### **ATTENTION: READ THIS PAGE FIRST**

We need more information from you to complete our review of your Medi-Cal eligibility. Before we ask you for information, we looked at our records and all other information available to us. Our research did not provide all of the information needed. We still need the information where there is a box checked on the following pages.

**We must receive this information by \_\_\_\_\_ or you may lose your Medi-Cal benefits!**

- Use this form to help gather the needed papers or information.
- You do not need to return this form to us.
- You may provide information to us by mail, fax, telephone, in person, or online. Contact your county to find out how to submit your information online.
- A prepaid self-addressed envelope is provided for you to return the requested papers or information.
- Please write the case number listed at the top of this page on any papers you send to us.
- If you have questions, need more information, or cannot provide the requested information please contact us at the telephone number listed at the top of this page.

### **IMPORTANT! PLEASE READ ALL PAGES OF THIS FORM**

**Help us keep in touch with you!**

**Call your eligibility worker if you have a change of address or telephone number.  
(The worker's contact information is listed at the top of this page)**

## MEDI-CAL REQUEST FOR INFORMATION

*NOTE: WE **ONLY** NEED THE INFORMATION WHERE A BOX IS CHECKED.*

### Income

Your income information will help us decide if you qualify for free or low-cost Medi-Cal or assistance from Covered California, the state health benefits exchange.

- A copy of the most recent pay stub or statement from your employer about your job (how much you are paid before taxes, how often you are paid, how many hours you work) for each of your jobs (if you have more than one) for:

If you do not get pay stubs and cannot get a statement from your employer(s), you can do one of the following:

- Give us a copy of your most recent tax return for:
  - Contact your worker to complete a sworn statement signed under the penalty of perjury and dated by you about how much you are paid before taxes, how often you are paid, and how many hours you work.
- If self-employed, a copy of Schedule C of the most recent tax return, **or** a profit and loss statement for the last three months for:
- Proof of unemployment or disability benefits—a copy of paid benefits stubs or letter that shows what you earned before deductions for:
- Proof of Veteran’s Benefits (aid and attendance, disability or retirement)- a copy of paid benefits stub or award letter for:
- Proof of social security benefits received—a copy of paid benefits stub or award letter for:
- Proof of retirement or pension income received—a copy of benefits or check stub for:
- Information about your tax filing status and/or the tax filing status of other household members for:
- Complete the enclosed form titled “Request for Tax Household Information” for:
- Other:

### Deductions

- A copy of checks or receipts of child care, child support, alimony, or health insurance paid for:
- Other:

### **Information on Person(s) Requesting Medi-Cal**

- A copy of your California driver's license or a photo ID for:
- Social Security Number for:
- A copy of immigration documentation or card (make a copy of both sides of cards or documents) for:

If you are an immigrant and do not have a social security number or immigration documentation to give us, you may still qualify for emergency and pregnancy-related services. Please call your worker to tell us of any changes in your immigration/citizenship status or if you do not have a social security number or immigration documentation, so we can finish our review.

### **Former Foster Youth**

- A copy of any document for: \_\_\_\_\_ that shows you were in foster care on your 18th birthday. We are asking for this information because we have not been able to get proof that you were in foster care at age 18 or older.

The information we checked shows:

### **Residence**

- Verification of your current address (rent receipt, utility bill, etc.)

### **Personal or Real Property**

- A copy of all vehicle registrations or titles (if you have more than one vehicle) for:
- A copy of your most recent bank statement (checking, savings account, etc.) for:
- A copy of life insurance policy, stocks, bonds, retirement account statement for:
- Documentation of any other property within or outside the United States (houses other than one lived in, land, etc.) for:
- Verification that you have sold, traded or given away property or closed an account for:

### **Disability/Incapacity**

- Social security award letter for disability for:
- Other proof that you have a physical, mental, or emotional disability that will last 12 months or more for:

If you think you or any family member receiving Medi-Cal is disabled please contact your worker.

- Other information we need:**