



# NEWBORN REFERRAL

(PLEASE USE INK AND PRESS FIRMLY.)



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 back 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**).

**SECTION A** *The mother's Medi-Cal card can be used during the birth month and the month following for services and billing for the newborn.*

Mother's name (first, MI, last)		Mother's date of birth	BIC or SSN
Mailing address (number and street) or location			County
City	State	ZIP code	Telephone number (       )

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

Newborn name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—BIC number
Newborn 2 name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—BIC number
Newborn 3 name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—BIC number
Newborn 4 name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—BIC number
Newborn 5 name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—BIC number

Where born (hospital name, clinic name, etc.)

Address (number and street, if available)	City	State	ZIP code
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*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 <input checked="" type="checkbox"/>
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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
National Provider Identifier (NPI) Number (If Medi-Cal provider/hospital/clinic/group, etc.)	Telephone number

*I certify to the best of my knowledge that the information above is verified and accurate.*

Signature (person other than parent, relative, or guardian) <input checked="" type="checkbox"/>	Date completed
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For provider billing inquiries or concerns on how to bill for infants, call the EDS Billing Hotline at 1-800-541-5555.

# Newborn Referral

## County Central Location Phone List

No.	Department Name	County Number	FAX Number	No.	Department Name	County Number	FAX Number
1	Alameda Co Social Services Agency	510-259-3809	510 259-3880	30	Orange Co Social Services Agency	800-281-9799	714-645-3482
2	Alpine County Health & Human Services	530-694-2235	530-694-2252	31	Placer Co Health and Human Services	916-784-6000	916-784-6100
3	Amador Co Department of Social Services	209-223-6550	209-257-0242	32	Plumas Co Department of Social Services	530-283-6350	530-283-6368
4	Butte Co Department of Social Services	None	530-879-3468	33	Riverside Co DPSS/APD Section	951-358-6508	951-358-3990
5	Calaveras Health and Human Services Agency	209-754-6447	209-754-9049	34	Sacramento Co Dept of Human Asst/Newborn Referral	916-875-2222	916-854-9225
6	Colusa Co Department of Health & Human Services	530-458-0250	530-458-0492	35	San Benito Co Human Services Agency	831-637-5336	831-637-9754
7	Contra Costa Co Employment & Human Services	1-866-663-3225	925-608-4918	36	San Bernardino Co DPSS	909-383-9700	909-792-7396
8	Del Norte Co Dept of Health and Social Services	707-464-3191	707-465-1783	37	San Diego Co HHSA	866-262-9881	858-467-9088
9	El Dorado Co Health and Human Services Agency	530-642-7300	530-626-7734	38	San Francisco Co Dept of Human Services	855-355-5757	415-355-2432
10	Fresno Co Human Services System	559-600-1377	559-600-0901	39	San Joaquin Co Human Services Agency	209-468-1000	209-932-2662
11	Glenn County Health & Human Services Agency	530-934-1415	530-934-6521	40	San Luis Obispo Co Dept of Social Services	805-781-1600	805-781-1846
12	Humboldt Co Department of Social Services	877-410-8809	707-269-3598	41	San Mateo Co Human Services Agency	650-802-7570	650-631-5806
13	Imperial Co Department of Social Services	760-337-6800	760-370-0492	42	Santa Barbara Co Department of Social Services	805-346-7388	805-287-3892
14	Inyo Co Department of Social Services	760-872-1394	760-872-4950	43	Santa Clara Co Social Services Agency	800-753-0024	408-792-1890
15	Kern Co Department of Human Services	877-440-8812	661-633-7498	44	Santa Cruz Co Human Resources Agency	831-454-4316	831-763-8530
16	Kings Co Human Services Agency	559-582-3241 ext 4280	559-584-2749	45	Shasta Co Department of Social Services	1-877-652-0731	530-225-5288
17	Lake Co Department of Social Services	707-995-4200	707-995-4204	46	Sierra Co Social Services	530-993-6720	530-993-6741
18	Lassen Co WORKS	530-251-8152	530-251-8149	47	Siskiyou Co Human Services	530-841-2700	530-841-2791
19	Los Angeles Co M/C Mail-In Application District	213-765-6752	213-763-8666	48	Solano Co Health & Social Services	800-400-6001	707-864-3108
20	Madera Co Department of Social Services	209-675-2403	559-675-7983	49	Sonoma Co Social Services Department	1-877-699-6868	707-565-5353
21	Marin Co Department of Health and Human Services	415-473-3400	415-473-3556	50	Stanislaus Co Department of Social Services	877-652-0734	209-558-2189
22	Mariposa Co Department of Human Services	209-966-2000	209-966-8251	51	Sutter Co Department of Human Services	530-822-4411	530-822-7212
23	Mendocino Co Health and Human Services Agency	707-463-7700	707-463-7859	52	Tehema Co Department of Social Services	530-528-4081	530-527-5410
24	Merced County Human Services Agency	209-385-3000	209-354-2505	53	Trinity Co Health and Human Services Dept	530-623-1265	530-623-1250
25	Modoc Co Department of Social Services	530-233-6501	530-233-6504	54	Tulare Co Department of Public Social Services	559-685-4825	559-685-3545
26	Mono Co Department of Social Services	760-932-7291	760-924-5431	55	Tuolumne Co Department of Social Services	209-533-5711	209-533-5714
27	Monterey Co Department of Social Services	877-410-8823	855-370-6005	56	Ventura County Human Services Agency	888-472-4463	805-477-5387
28	Napa Co Health and Human Services	707-253-4511	707-253-6095	57	Yolo County Health & Human Services Agency	530-661-2750	530-661-2658
29	Nevada County Health & Human Services	530-265-1634	530-265-9860	58	Yuba Co. Department of Health & Human Services	1-877-652-0739	530-749-6797