



State of California—Health and Human Services Agency
Department of Health Care Services



September 27, 2021

Medi-Cal Eligibility Division Information Letter No.: 21-23

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: TRANSLATIONS OF MEDI-CAL AUTHORIZED REPRESENTATIVE
FORMS
(Reference: All County Welfare Directors Letter No. [18-26E](#))

The purpose of this Medi-Cal Eligibility Division Information Letter is to provide counties and the Statewide Automated Welfare Systems with the translated versions of the Notice of Authorized Representative Appointment (MC 380), Authorized Representative Cancellation Letter (MC 381), and the Appointment of Authorized Representative Form (MC 382).

The three authorized representative forms have been translated into all 18 threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Mien, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese.

The translations of the MC 380, 381, and 382 are available on the Department of Health Care Services website at:

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/Index-MC300.aspx>

If you have any questions about the translated forms, please contact Derek Soiu at (916) 345-8193 or by email at Derek.Soiu@dhcs.ca.gov.

Original signed by

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