

DEPARTMENT OF HEALTH SERVICES

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November 20, 1990

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 90-97

SUBJECT: FORMS LISTING

This letter provides you with a list of the most current revision dates of all the Medi-Cal Eligibility Forms and brochures.

County Medi-Cal Forms Coordinators should review county forms stock to ensure appropriate forms are being used.

If you have any questions, please call Craig Yagi, Forms Coordinator, at (916) 327-5320.

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

1989/90 FORMS LIST

FORM_NUMBER	REVISION DATE	'FORM_NAME
CMSP 177 S-M (A)	NOV 88	COUNTY MEDICAL SERVICES PROGRAM RECORD OF HEALTH COST (SOC)
CMSP 177 S-M (B)	JUL 85	COUNTY MEDICAL SERVICES PROGRAM RECORD OF HEALTH COST (SOC)
CMSP 177 SA-M (A)	NOV 88	COUNTY MEDICAL SERVICES PROGRAM RECORD OF HEALTH COST (SOC)
DHS 7013	SEP 84	CHANGE OF STATUS -LIENS
DHS 7014	JAN 87	PROPERTY LIEN REFERRAL
DHS 7015	FEB 83	MEDI-CAL IN PATIENT HOSPITAL CARE
DHS 7019	JAN 85	PICKLE ELIGIBLES (WORKSHEET) ELIGIBLE CHILD W/INELIGIBLE PARENT
DHS 7020	'JUN 89	SCREENING WORKSHEET (PICKLE ELIGIBLES)
DHS 7021	'OCT 88	PICKLE ELIGIBLE (WORKSHEET) APPLICANT W/INELIGIBLE SPOUSE
DHS 7026	NOV 88	PICKLE -MEDI-CAL DENIAL/DISCONTINUANCE
DHS 7026 (SP)	NOV 88	PICKLE -MEDI-CAL DENIAL/DISCONTINUANCE
DHS 7027	AUG 88	PICKLE -NOTICE OF MEDI-CAL ELIGIBILITY
DHS 7027 (SP)	AUG 88	PICKLE -NOTICE OF MEDI-CAL ELIGIBILITY
DHS 7029	OCT 88	PICKLE -DISREGARD COMPUTATION WORKSHEET
DHS 7035	OCT 87	MEDICAL VERIFICATION - AIDS
DHS 7037	FEB 87	PICKLE -RESOURCE WORKSHEET

FORM_NUMBER	REVISION DATE	FORM_NAME
DHS 7044	OCT 86	STATEMENT OF LIVING ARRANGEMENTS
DHS 7045	JUN 85	WORKER OBSERVATIONS-DISABILITY
DHS 7062	NOV 85	MEDI-CAL REQUEST FOR RECONSIDERATION
DHS 7068	MAR 88	PUBLIC GUARDIAN/CONSERVATOR OR APPLIC./BENEF. REPRES. CHECKLIST
DHS 7072	MAR 87	INFORMATION REQUEST AND REPORT
DHS 7075	NOV 87	PICKLE NEEDS TEST
DHS 7077	SEP 89	NOTICE REGARDING PROPERTY AND ELIGIBILITY FOR MEDI-CAL
DHS 7077 (SP)	SEP 89	NOTICE REGARDING PROPERTY AND ELIGIBILITY FOR MEDI-CAL
G 845 (LOS)	APR 88	INS DOCUMENTS VERIFICATION REQUEST
G 845 (SFR)	APR 88	INS DOCUMENTS VERIFICATION REQUEST
G 845 (SND)	APR 88	INS DOCUMENTS VERIFICATION REQUEST
HAS 2007	MAR 79	CONTROL LOG FOR MC 301
ID 104	APR 89	DHS IMPORTANT NOTICE - MEDI-CAL BENEFITS
MC 002	JAN 89	SUMMARY OF MEDI-CAL ELIGIBILITY
MC 003	FEB 87	FOR DISABLED PERSONS ON MEDI-CAL
MC 004	JUL 86	INFO FOR MEDI-CAL NURSING HOME PATIENTS
MC 005	SEP 89	COMMUNITY PROPERTY PERSON IN LTC -LIMITS
MC 005 (SP)	SEP 87	COMMUNITY PROPERTY PERSON IN LTC -LIMITS
MC 007	OCT 89	MC GENERAL PROPERTY LIMITATIONS FOR ALL

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MC 007 (SP)	SEP 89	MC GENERAL PROPERTY LIMITATIONS FOR ALL
MC 008	NOV 89	QUALIFIED MEDICARE BENEFICIARY PROGRAM
MC NOTICE PUB 102	NOV 89	MC CALIFORNIA MEDICAL ASSISTANCE PROGRAM
MC 1	MAY 79	MC 300/MC 301 REQUISITION
MC 5	JAN 80	NOTICE OF SSI/SSP MC CARD PROBLEM
MC 13	MAY 89	STATEMENT OF CITIZENSHIP ALIENAGE AND IMMIGRATION STATUS
MC 13 (SP)	MAY 89	STATEMENT OF CITIZENSHIP ALIENAGE AND IMMIGRATION STATUS
MC 110	MAR 88	MEDI-CAL CARD/POE LABEL REQUEST (BILINGUAL)
MC 176 D	JUL 88	M/C SPECIAL TREATMENT PROGRAMS PERCENTAGE OBLIGATION COMPUTATION
MC 176 M	JUL 82	SOC DETERMINATION - MFBU WHICH DO NOT INCLUDE LTC PERSONS
MC 176 M-LTC	SEP 83	SOC DETERMINATION - MFBU WITH LTC PERSON INCLUDED - LTC
MC 176 P	APR 90	PROPERTY WORK SHEET
MC 176 PA-A	JAN 90	MEDI-CAL PROPERTY ASSESMENT APPLICATION
MC 176 PA-A (SP)	JAN 90	MEDI-CAL PROPERTY ASSESMENT APPLICATION
MC 176 PA-1	SEP 89	PROPERTY WORKSHEET ASSMT FOR INSTIT SPOUSES (PART A) BILINGUAL
MC 176 PA-2	SEP 89	PROPERTY WORKSHEET ASSMT FOR INSTIT SPOUSES (PART B) BILINGUAL
MC 176 PI	JAN 90	PERIOD OF INELIGIBILITY WORKSHEET
MC 176 PI (SP)	JAN 90	PERIOD OF INELIGIBILITY WORKSHEET
MC 176 PQMB-A	NOV 89	QUALIFIED MEDICARE BENEFICIARY (QMB) PROPERTY WORKSHEET ADULT
MC 176 PQMB-C	NOV 89	QUALIFIED MEDICARE BENEFICIARY

FORM_NUMBER	REVISION DATE	FORM_NAME
		(QMB) PROPERTY WORKSHEET CHILD
MC 176 QMB1	NOV 89	INCOME ELIG WKSHT FOR ALL APPLICANTS: INDIVIDUALS, COUPLES AND CHILDREN
MC 176 QMB2A	NOV 89	QUALIFIED MEDICARE BENEF INCOME ELIG WKSHT (QMB) INDIVID OR COUPLE; APPLICANT WITH INELIGIBLE SPOUSE, NO CHILDREN
MC 176 QMB2B	NOV 89	QUALIFIED MEDICARE BENEF INCOME ELIG WKSHT-CHILD APPLYING W/WO INELIGIBLE PARENTS (QMB)
MC 176 R	DEC 87	RESOURCE VERIFICATION QUESTIONAIRE
MC 176 R (SP)	DEC 87	RESOURCE VERIFICATION QUESTIONAIRE
MC 176 S	JUN 79	MEDI-CAL STATUS REPORT
MC 176 S (SP)	JUN 79	MEDI-CAL STATUS REPORT (MONTHLY)
MC 176 SA	MAR 88	MEDI-CAL STATUS REPORT (AUTO/MONTHLY)
MC 176 SA (SP)	MAR 87	MEDI-CAL STATUS REPORT (AUTO/MONTHLY)
MC 176 SAQ	JUL 88	MEDI-CAL STATUS REPORT QUARTERLY
MC 176 SAQ (SP)	JUL 87	MEDI-CAL STATUS REPORT QUARTERLY
MC 176 SQ	SEP 78	MEDI-CAL STATUS REPORT QUARTERLY
MC 176 SQ (SP)	JUL 79	MEDI-CAL STATUS REPORT QUARTERLY
MC 176 TMC/TCC	APR 90	TRANSITIONAL MEDI-CAL (TMC)/ TRANSITIONAL CHILD CARE (TCC) STATUS REPORT (QUARTERLY)
MC 176 W	JAN 90	ALLOCATION/SPECIAL DEDUCTION WORKSHEET
MC 177 S-M (A)	JUN 88	RECORD OF HEALTH COST - SOC PART A
MC 177 S-M (B)	JUL 85	RECORD OF HEALTH COST - SOC PART B
MC 177 SA-M (A)	JUN 88	RECORD OF HEALTH COST - SOC PART A
MC 187	MAY 87	MEDI-CAL AUTHORIZATIONS FOR NONCASH GRANT PERSONS
MC 194	OCT 87	SSA REFERRAL NOTICE

FORM_NUMBER	REVISION DATE	FORM_NAME
MC 210	JUN 87	STATEMENT OF FACTS (MEDI-CAL)
MC 210 (SP)	JUN 87	STATEMENT OF FACTS (MEDI-CAL)
MC 210 A	JUN 88	SUPPLEMENT TO STATEMENT OF FACTS
MC 210 A (SP)	JUN 88	SUPPLEMENT TO STATEMENT OF FACTS
MC 210 B	NOV 88	SUPPLEMENT TO STATEMENT OF FACTS
MC 210 B (SP)	NOV 88	SUPPLEMENT TO STATEMENT OF FACTS
MC 210 E	MAR 89	DETERM OF MEDI-CAL ONLY ELIG AFTER DISCONTINUANCE FROM AFDC CASH ASSIST
MC 210 E (SP)	MAR 89	DETERM OF MEDI-CAL ONLY ELIG AFTER DISCONTINUANCE FROM AFDC CASH ASSIST
MC 210 PA	SEP 89	PROPERTY ASSESSMENT STATEMENT OF FACTS
MC 210 PA (SP)	SEP 89	MEDI-CAL PROPERTY ASSESSMENT APPLICATION
MC 211	JUN 88	MEDI-CAL TEMPORARY REDETERMINATION
MC 215	JUL 87	VOLUNTARY REQUEST FOR WITHDRAWAL OF APPLIC OR DISCONTIN OF ELIGIB OR WAIVER OF TEN DAY ADVANCE NOTICE OF ACTION
MC 215 (SP)	JUL 87	VOLUNTARY REQUEST FOR WITHDRAWAL OF APPLIC OR DISCONTIN OF ELIGIB OR WAIVER OF TEN DAY ADVANCE NOTICE OF ACTION
MC 215 A	JUL 80	BENEFIC. WAIVER OF 10 DAY NOTIFICATION
MC 215 A (SP)	JUL 80	BENEFIC. WAIVER OF 10 DAY NOTIFICATION
MC 216	MAR 88	RIGHTS OF PERSONS REQUESTING MEDI-CAL
MC 216 (SP)	MAR 88	RIGHTS OF PERSONS REQUESTING MEDI-CAL
MC 217	MAR 89	MEDI-CAL RESPONSIBILITY CHECKLIST
MC 217 (SP)	MAR 89	MEDI-CAL RESPONSIBILITY CHECKLIST
MC 218	MAR 88	PRIVACY AND CONFIDENTIALITY NOTIFICATION (Bilingual)
MC 220	JUN 88	AUTHORIZATION FOR RELEASE OF INFORMATION

FORM_NUMBER	REVISION DATE	FORM_NAME
MC 220 A	MAR 89	AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION - AIDS
MC 221	DEC 87	DISABILITY DETERMINATION AND TRANSMITTAL
MC 223	OCT 86	APPLICANT'S SUPPLEMENTAL STMT OF FACTS FOR MEDI-CAL
MC 223 (SP)	OCT 86	APPLICANT'S SUPPLEMENTAL STMT OF FACTS FOR MEDI-CAL
MC 223 VH	JAN 87	VOCATIONAL HISTORY
MC 224 A	JUL 90	POTENTIAL OVERPMT REPORTING WKSHT INCOME
MC 224 B	JUL 90	POTENTIAL OVERPMT REPORTING WORKSHEET PROPERTY
MC 225	SEP 89	BENEFICIARY PRUCOL NOTIF LETTER LTC/RD
MC 225 (SP)	SEP 89	BENEFICIARY PRUCOL NOTIF LETTER RD/LTC
MC 226	SEP 89	APPLICANT PRUCOL NOTIF LETTER LTC/RD
MC 226 (SP)	SEP 89	APPLICANT PRUCOL NOTIF LETTER RD/LTC
MC 237	JUN 84	CASELOAD MOVEMENT AND ACTIVITY REPORT
MC 237 QMB	OCT 89	CASELOAD MOVEMENT AND ACTIVITY REPORT QUALIFIED MEDICARE BENEFICIARIES (QMB)
MC 239 A	FEB 89	MEDI-CAL NOA DENIAL/DISCONT. OF BENEFITS
MC 239 A (SP)	MAR 87	MEDI-CAL NOA DENIAL/DISCONT. OF BENEFITS
MC 239 B-1	SEP 89	NOA APP. FOR 60-DAY POST PARTUM PROG. & STAT OF OTH/MC BENEFICIARY
MC 239 B-1 (SP)	SEP 89	NOA APP. FOR 60-DAY POST PARTUM PROG. & M/C BENEFICIARY
MC 239 B-2	NOV 89	MEDI-CAL NOA APPRL FOR SPECIAL ZERO SOC PROGRAM FOR PREGNANT WOMEN AND BABIES UP TO ONE YEAR OLD
MC 239 B-2 (SP)	NOV 89	MEDI-CAL NOA APPRL FOR SPECIAL ZERO SOC PROGRAM FOR PREGNANT WOMEN AND BABIES

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		UP TO ONE YEAR OLD
MC 239 B-3	NOV 89	MEDI-CAL NOA DISCONT. OF BENEFITS UNDER THE SPECIAL ZERO SOC PROGRAM FOR PREG. WOMEN/BABIES &/OR MEDICALLY INDIG PROG
MC 239 B-3 (SP)	NOV 89	MEDI-CAL NOA DISCONT. OF BENEFITS UNDER THE SPECIAL ZERO SOC PROG. FOR PREG. WOMEN/BABIES &/OR MEDICALLY INDIG. PROG.
MC 239 B-4	NOV 89	MEDI-CAL NOA DENIAL OF BENEFITS UNDER SPECIAL ZERO SOC FOR PREG. WOMEN & BABIES UP TO ONE YEAR (200% PROGRAM)
MC 239 B-4 (SP)	NOV 89	MEDI-CAL NOA DENIAL OF BENEFITS UNDER SPECIAL ZERO SOC FOR PREGNANT WOMEN AND BABIES UP TO ONE YEAR (200% PROGRAM)
MC 239 B-5		MEDI-CAL NOA DENIAL OR DISCONT. OF BENEFITS UNDER 133% PROGRAM
MC 239 B-5 (SP)		MEDI-CAL NOA DENIAL OR DISCONT. OF BENEFITS UNDER 133% PROGRAM
MC 239 B-6		MEDI-CAL NOA APPROVAL FOR THE 133% PROGRAM
MC 239 B-6 (SP)		MEDI-CAL NOA APPROVAL FOR THE 133% PROGRAM
MC 239 B-M	AUG 87	MEDI-CAL NOA APPROVAL FOR BENEFITS
MC 239 B-M (SP)	AUG 82	MEDI-CAL NOA APPROVAL FOR BENEFITS
MC 239 BACK (C)	MAR 88	YOUR RIGHT TO APPEAL THIS ACTION (RAMOS V. MYERS LAWSUIT)
MC 239 C-M	JUL 82	MEDI-CAL NOA CHANGE IN SOC
MC 239 C-M (SP)	MAR 83	MEDI-CAL NOA CHANGE IN SOC
MC 239 F	JUN 88	MEDI-CAL SPECIAL TREATMENT PROG. NOA
MC 239 F (SP)	JAN 85	MEDI-CAL SPECIAL TREATMENT PROG. NOA
MC 239 I	AUG 82	MEDI-CAL NOA DISCONT. OF BENEFITS STATUS REPORT NOT REC'D OR NOT COMPLETE

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MC 239 I (SP)	SEP 82	MEDI-CAL NOA DISCONT. OF BENEFITS STATUS REPORT NOT REC'D OR NOT COMPLETE
MC 239 J	OCT 89	MEDI-CAL NOA APPRL FOR BENEFITS AS A QUALIFIED MEDICARE BENEFICIARY
MC 239 J (SP)	OCT 89	MEDI-CAL NOA APPRL FOR BENEFITS AS A QUALIFIED MEDICARE BENEFICIARY
MC 239 K	OCT 89	M/C NOA DENIAL OR DISCONT. OF BENEFITS AS A QUALIFIED MEDICARE BENEFICIARY
MC 239 K (SP)	OCT 89	M/C NOA DENIAL OR DISCONT. OF BENEFITS AS A QUALIFIED MEDICARE BENEFICIARY
MC 239 L	SEP 89	MEDI-CAL NOA REDUCTION OF BENEFITS
MC 239 L (SP)	SEP 89	MEDI-CAL NOA REDUCTION OF BENEFITS
MC 239 P	APR 89	MEDI-CAL NOA RESTRICTION OF BENEFITS TO EMERG. MEDI-CAL & PREG.-RELATED SERVICES
MC 239 P (SP)	APR 89	MEDI-CAL NOA RESTRICTION OF BENEFITS TO EMERG. MEDI-CAL & PREG.-RELATED SERVICES
MC 239 Q	APR 89	MEDI-CAL NOA CHANGE FROM RESTRICTED SERVICE TO FULL BENEFIT
MC 239 Q (SP)	APR 89	MEDI-CAL NOA CHANGE FROM RESTRICTED SERVICES TO FULL BENEFITS
MC 239 R	JUL 78	MEDI-CAL NOA DISCONTINUANCE NOTICE - DECEASED PERSONS
MC 239 R (SP)	JUL 78	MEDI-CAL NOA DISCONTINUANCE NOTICE - DECEASED PERSONS
MC 239 S	APR 89	MEDI-CAL NOA CHNG FROM RETROACTIVE EMERG MEDI-CAL AND PREGNANCY RELATED SERVICES
MC 239 S (SP)	APR 89	MEDI-CAL NOA CHNG FROM RETROACTIVE EMERG MEDI-CAL AND PREGNANCY RELATED SERVICES
MC 239 TMC/TCC-1	APR 90	TRANSITIONAL MEDI-CAL NOA APPROVAL FOR BENEFITS
MC 239 TMC/TCC-1 (SP)	APR 90	TRANSITIONAL MEDI-CAL NOA APPROVAL FOR BENEFITS

FORM_NUMBER	REVISION DATE	FORM_NAME
MC 239 TMC/TCC-2	APR 90	TRANSITIONAL MEDI-CAL NOA DISCONTINUANCE FOR BENEFITS
MC 239 TMC/TCC-2 (SP)	APR 90	TRANSITIONAL MEDI-CAL NOA DISCONTINUANCE FOR BENEFITS
MC 239 U	APR 86	MEDI-CAL NOA UTILIZATION OF PROPERTY
MC 239 U (SP)	JAN 82	MEDI-CAL NOA UTILIZATION OF PROPERTY
MC 239 W	MAR 86	MEDI-CAL NOA LIST PROPERTY FOR SALE PERSONS IN LONG-TERM CARE
MC 239 W (\$P)	MAR 86	MEDI-CAL NOA LIST PROPERTY FOR SALE PERSONS IN LONG-TERM CARE
MC 239 X	APR 86	MEDI-CAL NOA LIST PROPERTY FOR SALE PERSONS NOT IN LONG-TERM CARE
MC 239 X (SP)	APR 86	MEDI-CAL NOA LIST PROPERTY FOR SALE PERSONS NOT IN LONG-TERM CARE
MC 239 Y	MAR 86	MEDI-CAL NOA DENIAL/DISCONT.-PROPERTY
MC 239 Y (SP)	MAR 86	MEDI-CAL NOA DENIAL/DISCONT.- PROPERTY
MC 239 Z	MAY 86	MEDI-CAL NOA RESULT OF COUNTY REVIEW
MC 239 Z (SP)	MAY 86	MEDI-CAL NOA RESULT OF COUNTY REVIEW
MC 250	DEC 86	APPLIC AND STMT OF FACTS FOR CHILD NOT LIVING W/A PARENT OR RELATIVE & FOR WHOM A PUBLIC AGENCY IS ASSUM. SOME FINANCIAL
MC 255	JAN 81	REFUGEE CROSS REFERENCE TRANSACTION
MC 257	JUN 79	IMPORTANT NOTICE (ETHNIC ORIGIN/PRIMARY LANGUAGE)
MC 262	OCT 87	REDETERMINATION FOR MEDI-CAL BENEFICIARIES
MC 302	NOV 85	MEDI-CAL CARD STOCK (TEMP./WIDE PIN FED)
MC 845	JUN 89	SUPPLEMENT PRUCOL
MC 845 (SP)	JUN 89	SUPPLEMENT PRUCOL
MC 1054	APR 80	SOC MEDI-CAL PROVIDER LETTER

1989/90 FORMS LIST

FORM_NUMBER	REVISION DATE	FORM_NAME
MC 1414	MAY 88	STATE HEARING REVIEW
MC 1414 A	DEC 86	LOG IN (FAIR HEARING CARDS)
MC 1708	OCT 87	MEDI-CAL REPORT MEDICAL ASSISTANCE ONLY
MC 4026	OCT 87	REQUEST FOR ELIGIB. FOR LMTD SERVIES
NA BACK 6	MAY 87	YOUR HEARING RIGHTS HOW TO ASK FOR A STATE HEARING