

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



November 27, 1991

Letter No.: 91-113

TO: All County Welfare Directors
All County Welfare Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

SUBJECT: MEDI-CAL ELIGIBILITY FORMS REQUESTS

The Department of Health Services (DHS) Warehouse as well as the Medi-Cal Eligibility Branch frequently receive requests for Medi-Cal forms from providers, authorized representatives and others who assist Medi-Cal applicants. However, the Department will only accept and fill orders from public agencies.

We request county welfare departments to supply a reasonable quantity of forms to requesters who can justify their need. When you submit forms orders to the DHS Warehouse, please order a supply which will adequately meet this need.

If you have any questions please contact Craig Yagi of my staff at (916) 657-1182.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch