

Sample Gift Letter

Today's Date: _____

Medi-Cal Access Program
P.O. Box 15559
Sacramento, CA 95852-0559

Dear Medi-Cal Access Program,

I, _____, give _____
(person **giving** the gift income) (person **receiving** the gift income)

\$_____ per _____ as a gift.
(amount given) (how often gift is given [weekly, every 2 weeks, twice month, monthly])

Sincerely,

Signature of person giving the gift income

To be filled out by person applying for Medi-Cal Access Program:
(
(
Name: _____ (
(
(
Address: _____ (
(
(
Telephone Number: _____ (
(
(
FMN# (if you have it): _____ (
(