



DATE: November 20, 2024

Medi-Cal Eligibility Division Information Letter No.: I 24-27

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

SUBJECT: TRANSLATIONS OF REQUEST FOR ADDITIONAL INCOME  
INFORMATION FOR MEDI-CAL FORM  
(Reference: Medi-Cal Eligibility Division Information Letter No. [I 22-48](#))

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide counties with the translated versions of the [DHCS 7103 Request for Additional Income Information for Medi-Cal](#).

The Request for Additional Income Information for Medi-Cal form has 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 for the [DHCS 7103](#) are now available on the Department of Health Care Services website at: [MCED Forms - DHCS 7000](#). For more information on the Request for Additional Information form, please see MEDIL [I 22-48](#).

If you have any questions, or if we can provide further information, please contact Candyce Flynn, by phone at (916) 345-8158 or by email at [Candyce.Flynn@dhcs.ca.gov](mailto:Candyce.Flynn@dhcs.ca.gov).

Sincerely,

Sarah Crow  
Division Chief, Medi-Cal Eligibility  
Department of Health Care Services