



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



EDMUND G. BROWN JR.
Governor

February 1, 2013

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 13-03
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: SCREENING OF (1) CHILD APPLICANTS IN THE AGE GROUP 6-18 FOR
POTENTIAL NO-COST MEDI-CAL ELIGIBILITY UNDER SECTION 1931(b)
AND (2) DEEMED ELIGIBLE MEDI-CAL INFANTS UNDER THE AGE OF
ONE. (Maternal and Child Health Access (MCHA) vs. California Department
of Health Care Services (DHCS) and Managed Risk Medical Insurance
Board (MRMIB))

PURPOSE AND BACKGROUND:

The purpose of this All County Welfare Directors Letter (ACWDL) is to advise counties of the implementation of new Medi-Cal Section 1931(b) program screening processes at the Single Point of Entry (SPE) per the July 10, 2012 Order of the San Francisco Superior Court in the case of MCHA vs. DHCS and MRMIB. Per the court order, the Section 1931(b) screening processes apply only to children from 6 -18 years of age.

The Section 1931(b) screening processes were implemented at SPE on December 31, 2012. The purpose of the new Section 1931(b) screening at SPE, is to identify and refer children ages 6 -18 who are potentially eligible for the additional income disregards of the Medi-Cal Section 1931(b) program to the county for a Medi-Cal determination before enrolling the children in the Healthy Families Program (HFP) at application or during the annual eligibility review (AER). In addition to the Section 1931(b) screening processes, DHCS and MRMIB also implemented a new deemed infant screening process at SPE.

IMPACT OF HFP TRANSITION TO MEDI-CAL ON THE SECTION 1931(b) SCREEN:

DHCS has recently issued ACWDLs 12-30 and 12-33 regarding the HFP transition to Medi-Cal which was slated to begin no sooner than January 1, 2013, and is expected to continue in phases through September 2013. The implementation of the Section 1931(b) screening processes at SPE described in this ACWDL is independent of the HFP transition to Medi-Cal; however the systems programming was implemented in the same time period as the HFP transition.

Effective January 1, 2013, the HFP is no longer enrolling new children in the HFP, except for certain eligible Access for Infants and Mothers (AIM)-linked infants. As a result, beginning January 1, 2013, applications received at SPE are screened and forwarded to the county offices for Medi-Cal eligibility determinations that include a review of eligibility for 1931(b). The Section 1931(b) and deemed infant application processing and screens summarized in this letter provide counties with an overview of recent systems changes to the SPE in response to this court order and related outreach efforts that are being conducted.

SECTION 1931(b) SCREENING PROCESSES:

All applications and HFP AER forms for children ages 6 -18 years old that are processed at SPE or at HFP will be screened for eligibility under Section 1931(b). The forms include:

- MC 321 HFP form,
- Electronic Health-e-App,
- HFP Annual Eligibility Review (AER),
- HFP Premium Re-evaluation,
- HFP Add-A-Person, and
- HFP Re-enrollment forms.

SECTION 1931(b) APPLICANT SCREEN:

DHCS and MRMIB implemented a new screening process at SPE for applicant children ages 6 -18 to identify potential no-cost Medi-Cal eligibility under Section 1931(b). Applications and HFP AER forms for children ages 6 -18 will be forwarded to the county of residence with a transmittal form indicating potential Section 1931(b) eligibility when the application/HFP AER identifies at least one deprivation indicator *and* at least one income disregard applicable to the Section 1931(b) program.

For counties' reference, enclosed is the documentation presented to the court that describes the deprivation and income disregard indicators to be identified on the application along with possible responses the applicant might make that may identify these screening indicators (Enclosure 1).

Children screened by SPE as potentially eligible for Section 1931(b) will be provided Accelerated Enrollment (AE) under the AE rules currently used for children screened as potentially eligible for the Federal Poverty Level (FPL) programs.

SECTION 1931(b) RECIPIENT SCREEN:

For all children 6 -18 years old, SPE will evaluate newly submitted applications, such as the MC 321 HFP or Health-E-App, for prior enrollment in a Section 1931(b) Medi-Cal program. SPE will review Medi-Cal enrollment data for the 1931(b) recipient status during file clearance. Applications will be forwarded to the county with the transmittal form indicating potential Section 1931(b) recipient eligibility when the following circumstances are identified:

- Current Section 1931(b) or CalWORKs eligibility;
- Section 1931(b) or CalWORKs aid code with a disenrollment date within the past four months; or
- Section 1931(b) or CalWORKs aid code with a prospective disenrollment date.

Enclosed is a list of the Section 1931(b) and CalWORKs aid codes that SPE will screen for during file clearance (Enclosure 2).

FORWARDING APPLICATIONS FOR POTENTIAL DEEMED INFANTS:

As stated above, effective January 1, 2013, the HFP is no longer enrolling new children except for eligible AIM-linked infants with incomes above 250 percent FPL up to 300 percent FPL. All other applications are being forwarded to county offices for a Medi-Cal determination.

Counties are reminded that the eligibility review of applications for infants (birth to one year) must identify if the infant's mother was a Medi-Cal beneficiary at the time of the infant's birth. If the mother was a Medi-Cal recipient at the time of the infant's birth, counties must enroll any infant who is found to be deemed eligible immediately without further application processing.

OUTREACH TO PRIOR APPLICANTS AND CURRENT HFP MEMBERS:

MRMIB will identify and conduct outreach with those children ages 6 -18 who were applicants and/or current HFP members, who were potentially Section 1931(b) eligible but originally not screened for this, during the period of December 1, 2010 through the implementation date of the new screening process. The two outreach activities are summarized below:

- For children who applied but are not enrolled in HFP or Medi-Cal:

Outreach letters will notify the families that their child(ren) may have qualified for no-cost Medi-Cal at the time the child previously applied and will encourage the family to reapply by Health-e-App, paper application, or telephone assisted application. SPE will screen all applications submitted in response to this outreach letter for Section 1931(b) and will forward the applications to the county. If appropriate, SPE will indicate potential Section 1931(b) eligibility on the transmittal form. Counties will determine eligibility for these applications based on current Medi-Cal program hierarchy. Per current federal and state regulations, when submitting an application, there may be requests for retroactive Medi-Cal coverage for any of the three months prior to submitting the application.

- For children who are currently enrolled in HFP and have not yet been transitioned to Medi-Cal:

Outreach letters will notify the families that their child(ren) may have qualified for no-cost Medi-Cal when they previously applied or had an AER. The letter will inform the family that, if they complete and return the enclosed Premium Reevaluation form, their income will be reevaluated prospectively for potential no-cost Medi-Cal eligibility.

If the information provided on or with the form indicates that the applicant's income falls below the HFP income guidelines based on the new Section 1931(b) screening and if the family has given its authorization by signing on line 8 of the Premium Re-evaluation form, the form will be forwarded to the county of residence under Presumptive Eligibility (PE), if eligible. HFP coverage will cease at the end of the month that the form is forwarded to the county and PE will commence at that time, as appropriate.

The outreach letters also explain that the child(ren) may qualify for Medi-Cal to cover medical expenses not covered by HFP that were incurred in the three (3) months prior to the date the current form is received by SPE. Counties may receive requests for retroactive eligibility due to this outreach effort and should use existing processes for determining retroactive eligibility for any of the three months prior to the family submitting the premium re-evaluation form.

Copies of the outreach letters are enclosed (Enclosure 3).

SPE TRANSMITTAL:

To alert counties of applications being forwarded as a result of the new Section 1931(b) or deemed infant screening process, the SPE Transmittal has been updated with three new identifiers:

- 1931(b)/CalWORKs Recipient" for those 6 -18 years of age identified as such on MEDS.
- 1931(b) Program" for those 6 -18 years of age screened as potentially eligible.
- "Deemed Eligible" for infants under age 1 screened as potentially eligible.

Also, the current transmittal populates the "screen for" column with three options:

- "M" for Medi-Cal
- "H" for Healthy Families
- "N" for None (this option is for parents or non-applying children)

Two additional options have been added:

- "B" for Section 1931(b)
- "D" for Deemed infants

A sample of the updated transmittal which displays the recent changes made for both the 1931(b) screen as well as the HFP transition is enclosed (Enclosure 4).

COUNTY RESPONSIBILITIES:

Counties shall process the Medi-Cal determination using the established Medi-Cal hierarchy of programs and the current eligibility processes and procedures, including second contact policies for missing information and issuing timely notices.

If you have any questions, please contact Ms. Christine Wajda at (916) 327-0422 or by email at Christine.Wajda@dhcs.ca.gov.

Original Signed By

Azadeh Fares, Acting Chief
Medi-Cal Eligibility Division

Enclosures

1931(b) Screening for children 6-18 years old

The existing HFP application (MC321) will be used to identify potential 1931(b) eligible children, 6-18 years old. In order for an application to be forwarded to the county for a Medi-Cal eligibility determination, the existing HFP application will be screened to identify children, 6-18 years old who have at least one (1) deprivation indicator and at least one (1) income disregard.

Deprivation indicators include:

- Absent/Deceased Parent
- Unemployed Parent
- Incapacitated Parent as indicated by State Disability Insurance, Worker's Compensation, Temporary Workers Compensation, Supplemental Security Income (SSI), State Supplementary Payment (SSP), Railroad Retirement (RR) based on disability, Retirement, Survivors, Disability Insurance (RSDI) or other public or private temporary or long term disability income such as disability retirement through the California Public Employee Retirement System or a private temporary disability insurance plan payment received by one or more parents;
- No Parental income; or
- Net Parental Earned Income at or under 100% of FPL, based on either FPL or 1931(b) program income requirements, applying the applicable income deductions or disregards for each program.

An absent parent will be identified on the MC 321 by the applicant's response to question 24 ("Mother's Name" and "Does this child live with the mother?") or question 25 ("Father's Name" and "Does this child live with the father?").

An unemployed parent will be identified if the applicant writes "unemployed" on questions 30-34 in the "Source of Income" field or the applicant submits proof of income from unemployment.

Incapacity will be identified if the applicant does one or more of the following:

- writes "Disability" on questions 30-34 in the "Source of Income" field;
- identifies the income type as so noted above for an incapacitated parent on questions 30-34 in the "Source of Income" field;
- submits proof of income that indicates the income is disability based;
- indicates a temporary or permanent mental or physical impairment affecting the ability to work in response to question 39.

No declaration of income will be identified if the applicant writes "No income" or if questions 30-34 in the "Source of Income" field are left blank and no proof of income is provided.

Net Parental Earned Income at or under 100% of FPL, based on either FPL or 1931(b) program income requirements, applying the applicable income deductions or disregards for each program is indicated in response to questions 30-37.

Income Disregard

- Disability Income
- Self-employment income
- Education income
- Pension income
- Retirement income

The application captures these incomes on questions 30-34 if the applicant writes “Disability”, “Self-employment”, “Education”, “Pension” or “Retirement” income in the “Source of Income” field or the applicant submits proof of income for these types of income. The state will instruct its administrative vendor to make a reasonable effort to identify similar words that have the same general meaning as the income types listed above.

Applications received at SPE will be screened in the following order:

1. The MC 321 application will be received at SPE.
2. File Clearance process will be performed to see if a child is already known to MEDS.
3. Through the File Clearance process, SPE will review the 1931(b) or CalWORKs Medi-Cal RECIPIENT status of all children 6-18 years old and will forward applications identified as 1931(b) or CalWORKs RECIPIENTS during the prior 4 months to the county for an eligibility determination.
 - Applications not identified as a 1931(b) or CalWORKs RECIPIENT will follow the new 1931(b) applicant screening process.
4. SPE will screen all children for the existing Federal Poverty Level (FPL) (percentage program).
5. Any child, as a result of the FPL screening whose **income qualifies** for no-cost Medi-Cal, will be automatically forwarded to the county for a Medi-Cal eligibility determination.
 - Of the children whose income qualifies for no-cost Medi-Cal, accelerated enrollment (AE) will be granted, if they meet all AE requirements, until Medi-Cal completes the eligibility determination.
6. Children, 6-18 years old, whose **income does not qualify** for FPL no-cost Medi-Cal will be screened for potential 1931(b) eligibility.
7. Children 6-18 years old, **who have** at least one (1) deprivation indicator and at least one (1) income disregard will be screened as potential 1931(b) eligible and their application will be forwarded to the county for a Medi-Cal eligibility determination.
 - Children, 6-18 years old, **who have** at least one (1) deprivation indicator and at least one (1) income disregard, will be granted accelerated enrollment (AE), if they meet all AE requirements until

Medi-Cal completes the eligibility determination.

8. Children 6-18 years old, who **do not have** at least one (1) deprivation indicator and at least one (1) income disregard will be screened as potential HFP eligible children and will be forwarded to the HFP for an eligibility determination.

AID CODES

Aid codes to be screened for in SPE review of 1931(b) or CalWORKs Medi-Cal recipient status.

Aid Codes:

- 30 CalWORKs - AF**
- 31 AFDC – FG - SO**
- 32 TANF Timed-Out (State)**
- 33 CalWORKs – ZP - State Only (cash)**
- 35 CalWORKs - 2P - State Only (cash)**
- 3A CalWORKs Timed-Out Safety Net - All Other Families**
- 3C CalWORKs Timed-Out Safety Net – Two Parent Families**
- 3D CalWORKs Pending - Medi-Cal Eligible**
- 3E CalWORKs - LI - AF- Mixed**
- 3G CalWORKs - ZP –Exempt – State Only**
- 3H CalWORKs - ZP - Mixed**
- 3L CalWORKs - LI - AF - State Only**
- 3M CalWORKs - LI - 2P - State Only**
- 3N AFDC-1931(b) Non CalWORKs**
- 3P CalWORKs - AF - Exempt**
- 3R CalWORKs - ZP – Exempt**
- 3S CalWORKs – Regular DP – Cash Only**
- 3U CalWORKs - LI - 2P - Mixed**
- 3V AFDC - 1931(b) Non CalWORKs ESO**
- 3W TANF Timed-Out, Mixed Case (State)**

Family Member Number: FMN

DATE

HOH_NAME

ADDR_LINE_1

ADDR_LINE_2

CITY, STATE ZIP



Dear Applicant:

This letter is being sent to you because when your child was enrolled in the Healthy Families Program, your child may have qualified for Medi-Cal and not had to pay premiums. Medi-Cal provides medical, dental and vision benefits, and you are not required to pay premiums. To see if your child may qualify for no-cost Medi-Cal now, please complete and return the Premium Re-evaluation form included with this letter. You may also request Medi-Cal to cover medical expenses that were not covered by the Healthy Families Program during the three (3) months before you submit the form.

This letter is not part of the Healthy Families Transition to Medi-Cal Program changes.

What will happen next?

When you send back the Premium Re-evaluation form, we will review your household income using the updated rules to see if your child appears to qualify for no-cost Medi-Cal, or is still within the Healthy Families income guidelines.

If your household income appears to be below the Healthy Families guidelines and you give us permission on the Premium Re-evaluation form:

1. We will forward your information to your local County Medi-Cal Office and we will send you a letter telling you when this happened.
2. Your child will receive Presumptive Eligibility for Medi-Cal right away, if eligible.
3. Your Healthy Families coverage will end at the end of the month.
4. The Medi-Cal office will tell you if your child qualifies for no-cost Medi-Cal.

If you did not give us permission to forward your information to Medi-Cal, or if your income is still within the Healthy Families income guidelines, we will tell you if your Healthy Families premium will be reduced.

Remember, you must continue to pay your Healthy Families Program monthly premium until HFP tells you in writing that your child's coverage has ended.

Questions?

If you have questions about Healthy Families, please call 1-866-848-9166, Monday through Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The call is free.

Thank you,

Healthy Families Program

Family Member Number: FMN

DATE

HOH_NAME

ADDR_LINE_1

ADDR_LINE_2

CITY, STATE ZIP



Dear Applicant:

This letter is being sent to you because you applied to the Healthy Families Program in the past two years, but your child is not currently enrolled in the Healthy Families Program or Medi-Cal. When you applied your child may have qualified for Medi-Cal. Medi-Cal provides medical, dental and vision benefits.

We are encouraging you to apply as soon as possible for children's health coverage.

Here is how you can apply:

1. You can apply online.

Go to www.healthapp.net and create an account. You can fill out your application in as little as 30 minutes. This service is available in English and Spanish only.

2. You can start your application over the telephone. The call is free.

Call 1-800-880-5305, Monday through Friday, 8 a.m. to 8 p.m. or on Saturday, 8 a.m. to 5 p.m. A customer service representative will fill out an application for you over the phone and mail it to you to sign and return with all necessary papers.

3. You can submit a paper application.

- Print the application from our website www.healthyfamilies.ca.gov
- Send your application;
- Send copies of income papers (dated within the last 45 days); and
- Send copies of expenses (such as child support, alimony, child or dependent care) for everyone in your household.

You may also request Medi-Cal to cover medical expenses that your child had during the three months before you apply.

Questions?

If you have questions about Healthy Families, please call **1-800-880-5305**, Monday through Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The call is free.

Thank you,

Healthy Families Program



Application forwarded to
CWD

County:

Date Original Application
Forwarded to CWD:

Case Control Number	Date Received	Date Referred	Opt out of HFP	Unlisted Member Wants Medi-Cal	Retro MC Requested	Any Member Disabled	1931(b) / CalWORKs Recipient	1931(b) Program	Deemed Eligible	Missing Info	Type

Member	CIN#	Last Name	First Name	Middle Initial	Relation to Applicant	Date of Birth	SSN	Screened For	Pregnant Indicator	AE Start Date	Budget Unit	Retro MC Requested
1												
2												
3												
4												
5												

Member	Frequency of Income	Type of Income	Income Type Amount	Budget Unit	Family Size	Total Gross Income	Deductions	Total Net Income	%FPL	Members
1										
2										
3										
4										
5										
6										

County Response Area (only complete if returning application for Healthy Families to reassess or to report a CIN in changing)

Case Name:	Case Number:
County Representative:	Phone Number:
	Date Referred:

Member Changes (use member number above)	County Assigned CIN# (if missing above)	Active Case Individual on (CalWORKs, SSI/SSP, 1931b, foster care)	Not Eligible to Medi-Cal (check appropriate box) <100% of FPL and denied Medi-Cal for:	
			Excess Property	No Deprivation
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Reasons for Return to SPE (check all appropriate boxes)

- | | |
|---|---|
| <input type="checkbox"/> Applicant checked "I do not want Healthy Families." Applicant now wants Healthy Families | <input type="checkbox"/> Amount of child support or child care expenses shown on application not verified |
| <input type="checkbox"/> CIN was missing, now located or a new one assigned. | <input type="checkbox"/> Changes in household membership |
| | <input type="checkbox"/> Not eligible to Medi-Cal (see below) |

Comments – Explain why county is returning the application. (Example: change in family composition, income, documentation/sources provided to the county are different from what was used at SPE screening.)

Enclosures – Documents are enclosed which were not included with the original application or reflect updated information:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Medi-Cal Notices
of action
(Mandatory for
cases ineligible to
Medi-Cal) | <input type="checkbox"/> Medi-Cal Budget
Worksheets
(Mandatory if not
displayed on NOA) | <input type="checkbox"/> Immigration

<input type="checkbox"/> Residency

<input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Other _____

_____ |
|--|--|--|--|

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County Name	This field identifies the county where the application is referred
Case Control Number	Family Member Number assigned by AV
Date received	This is the date AV received the application at SPE.
Date Referred	This is the date AV determined the application should be referred to the county. This is the date to be used by the counties for review. (ACWDL 03-05)
Opt out of HFP	If marked “Y” applicant does not want the Healthy Families Program
Unlisted member wants Medi-Cal	Y/N indicates any non-applying members that are requesting Medi-Cal.
Retro MC Requested	Y/N indicates any applying or non-applying member(s) requesting retro Medi-Cal benefits.
Any Member Disabled	Y/N indicates any disabled members
1931(b)/Calworks Recipients	Y/N indicates any applying members who are currently showing Calworks or 1931(b)
1931(b) Program	Y/N indicates any applying members screened to 1931(b)
Deemed Eligible	Y/N indicates any applying members deemed eligible

Missing Info	Y/N indicates application was sent with Missing info still existing
Type	SPE = The case was determined Medi-Cal through Single Point Entry (SPE) process AER = The case was determined Medi-Cal during Annual Eligibility Review (AER) process ADD = The case was determined Medi-Cal during Add-A-Person (ADD) process HF = The case was determined Medi-Cal by an Eligibility Enrollment Specialist PRE = The case was determined Medi-Cal through the Premium Evaluation process MC AER = The case was determined Medi-Cal through the Medi-Cal For Families Annual Eligibility Review process. MC PRE = The case was forwarded to Medi-Cal for premium adjustment processing.
Member	This field gives a numeric value to each member on the application: 1 = Applicant, 2-99 = Other family members
CIN	CIN assigned to the individual by SPE
Last Name, First Name, MI	Individual names
Relationship to Applicant	1 – Applicant’s child 2 – Second adult’s child 3 – Significant other 4 – Ex-step parent A – Aunt or Uncle B – Stepchild C – Common child D – Son or daughter-in-law E – Brother or sister-in-law F – Foster child G – Grandparent H – Dependent of a monor dependent I – Mother or father-in-law J – Brother or sister K – Grandchild L – Legal guardianship M – Adopted child N – Niece or nephew O – Other P – Parent Q – Cousin R – Collateral dependent S – Spouse T – Stepfather U – Unborn

	V – Stepmother W – Ward X – Ex-spouse Y – Self Z - Unknown
Date of Birth	Individual date of birth
SSN	Social Security Number
Screened For	N - None (Members not applying for health insurance and/or if Missing information exist for the application and application timed-out) M - No cost Medi-Cal (Children who are screened eligible for No-Cost Medi-Cal) B - 1931(b) Eligible (Children who met the 1 income disregard and 1 Deprivation) D - Deemed Eligible Infant (Children who are ages 0 > 1 and was screened for TLICP) T - TLICP (Children who are screened for the CHIP) * From birth up to the month of their first birthday above 200% * Age 1 to the month of their 6 th birthday above 133% * Age 6 to the month of their 19 th birthday above 100% * Age 0 to the month of their 19 th birthday FPL is above 250% O - Other (Children who do not meet any of the above requirement, ex: Children above age 19) H – Child is currently enrolled in Healthy Families
Pregnant Indicator	Y/N indicates if the individual is pregnant
AE Start Date	Effective date of Accelerated Enrollment for this individual. This eligibility will only be terminated when county reports a Medi-Cal eligibility determination or denial action to MEDS.
Budget Unit	This field shows the budget unit which the individual belongs for income computation purposes during program screening and corresponds with the HFP budget computation fields.
Retro MC requested	Individual requesting retro Medi-Cal benefits
Member	Member associated with corresponding income information
Frequency of Income	A – Weekly B – Bi-weekly C – Bi-monthly D – Monthly E - Yearly
Type of Income	1 – Employee pay stubs 2 – Federal Tax Form 3 – Award Letter 4 – W2 (not accepted by HFP) 5 – Bank statements w/direct income deposits 6 – Employer Statement

	7 – Quarterly Profit and Loss 8 – Notice of Action (NOA) 9 – Child Support A – Alimony B – Social Security Administration (SSA) C – Self Employment Statement (not accepted by HFP) D - CalPERS F – Affidavit G – Retirement Survivor Disability Income (RSDI) H – Veterans I – Railroad Retirement J – State Disability Income (SDI) K – Worker’s Compensation L – Unemployment M – Pensions/Retirement N – Grants O – Settlements P – Gift Q – Lottery/Bingo R - Other
Budget Unit	The budget unit number associated with the corresponding income and individual information
Family Size	Total number of family members on this case
Total Gross Income	Total income, before deductions, associated with the corresponding budget unit
Deductions	The amount deducted from the total gross income (i.e. \$90 deduction for work related expenses)
Total Net Income	Total income, after deductions, associated with the corresponding budget unit
%FPL	Percentage of the Federal Poverty Level for the corresponding budget unit (family size and total net income)
Members	The numbers listed correspond with the individuals included in this budget unit
County Response Area	Complete Case and County Representative information, detail member information
Reasons for Return to SPE	Indicate reason returning application to Healthy Families, include comments to explain.
Enclosures	Documents are enclosed which were not included with the original applications or reflect updated information