

**Alternate Formats Request Form**

Please complete all of the information on this form to request form(s) in an alternate format. To submit this request, upload the completed form and a copy of the document(s) requested to the Medi-Cal Alternate Formats SFTP folder.

Requestor Name	County
Requestor's Email Address	Requestor's Phone Number

Name of Beneficiary	Date of Request
Date of Birth	CIN
Beneficiary's Mailing Address	

**Alternate format requested (please select one):**

- Large print: Large (20-point) size Arial font, **which looks like this.**
- Audio CD: Lets you hear the written notices and information.
- Data CD: Uses computer software to read notices and other written information.
- Braille: Uses raised-dots that can be read with fingers.

**Form(s) Requested:**

Form Number	Form Type	Form Title	Date of Notice	Effective Date of Action
	<input type="checkbox"/> DHCS form <input type="checkbox"/> County form			
	<input type="checkbox"/> DHCS form <input type="checkbox"/> County form			
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	<input type="checkbox"/> DHCS form <input type="checkbox"/> County form			

Please submit your completed form and a copy of the form(s) requested to Medi-Cal Alternate Formats SFTP folder. For questions regarding the alternate formats request process, please email [MCEDBVIPublications@dhcs.ca.gov](mailto:MCEDBVIPublications@dhcs.ca.gov).