

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941



August 27, 2001

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liasons
All County Health Executives
All County Mental Health Directors
All County QMB, SLMB, QI Coordinators

Letter No.: 01-48

**REVISED QUALIFIED MEDICARE BENEFICIARY (QMB), SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB), AND QUALIFYING INDIVIDUAL (QI)
APPLICATION FORM**

This letter is to inform you that the enclosed revision of the QMB, SLMB, QI application form is now available for order from the Department of Health Services warehouse. The revised application includes:

- The 2001 Federal Poverty Level (FPL) amounts for the QMB, SLMB, and QI program;
- The current state policy exempting QMB, SLMB, and QI *only* beneficiaries from Estate Recovery; and
- Other minor revisions that provide clarification of QMB, SLMB, QI, and Medi-Cal eligibility.

Hereafter, the application will be revised annually to include the current FPL amounts. The form is available in English and Spanish. Copies of the revised application forms are enclosed.

If you have any questions regarding this letter, please contact Ms. Vicki Partington of my staff at (916) 654-5909 or E-Mail Vparting@dhs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Shar Schroepfer, Chief
Medi-Cal Eligibility Branch

Enclosures



**QUALIFIED LOW-INCOME MEDICARE BENEFICIARY (QMB),
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB),
AND QUALIFYING INDIVIDUALS (QI) APPLICATION**

Name		Social security number		Medicare number		Date
Telephone number ()		Date of birth		Sex ☐ Male ☐ Female		Marital status ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed
Address (number, street)				City		State ZIP code

This information is to help you apply for the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or the Qualifying Individual-1 or Qualifying Individual-2 (QI-1 or QI-2) programs. The State will pay Medicare Parts A and B premiums, deductibles, and coinsurance fees for persons eligible for the QMB program. The State will pay Medicare Part B premiums for persons eligible for SLMB or QI-1. Persons eligible for the QI-2 program will be reimbursed a portion of the monthly Part B premiums that they have paid, to be refunded to them in the following year. You may apply for QMB, SLMB, QI-1, or QI-2 by completing and mailing this form to your local county social services agency.

To be eligible for QMB, SLMB, QI-1, or QI-2, you must:

- Be eligible for Medicare Part A (hospital insurance).
- Be eligible for Medicare Part B (medical insurance).
- Meet the following income requirements:
 - **QMB:** Net countable income at or below 100% of the Federal Poverty Level (FPL) (at or below \$736* for a single person, or \$988* for a couple).
 - **SLMB:** Net countable income below 120% of the FPL (below \$879* for a single person, or \$1,181* for a couple).
 - **QI-1:** Net countable income below 135% of the FPL (below \$987* for a single person, or \$1,327* for a couple).
 - **QI-2:** Net countable income below 175% of the FPL (below \$1,273* for a single person, or \$1,714* for a couple).
- * If you have a child living in the home with you, these amounts may be higher. These amounts are expected to increase each year in April. If you received a Title II Social Security cost of living adjustment in January, this amount will not be counted until April.
- Have no more than \$4,000 in nonexempt property for a single person, or \$6,000 for a couple.
- Meet certain requirements and conditions, such as being a resident of California.

IMPORTANT:

You may be eligible for other Medi-Cal programs in addition to the QMB and SLMB programs, such as food stamps and/or Medi-Cal with a monthly spenddown (share-of-cost). You may also be eligible for Medi-Cal with a monthly share-of-cost if you are **over** the income limits of the QMB, SLMB, QI-1, and QI-2 programs. This coverage would include payment of the Medicare Part B premium. If you wish to apply for these other programs, check yes and the county will send you other forms to complete.

☐ Yes ☐ No

Do you wish to apply for three months of retroactive coverage for the SLMB, QI-1, and QI-2 programs (there is no retroactive coverage for QMB).

☐ Yes ☐ No

List all persons living in your household (spouse/children). If you have more than three persons living with you, you may list them on a separate page.

Name	Social Security Number	Sex M=Male F=Female	Date of Birth	Relationship to You

**MAIL COMPLETED FORM TO YOUR COUNTY SOCIAL SERVICES AGENCY.
(ADDRESSES ON BACK SIDE OF THIS FORM)**

Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare (SLMB)/Qualifying Individual (QI) Counties' List

ALAMEDA COUNTY (01)
Social Services Agency
QMB/SLMB/QI Program
7751 Edgewater Drive
Oakland, CA 94621
(510) 383-8749
(510) 569-5017 FAX

ALPINE COUNTY (02)
Dept. of Social Services
QMB/SLMB/QI Program
P. O. Box 277
75 Diamond Valley Road
Markleeville, CA 96120
(530) 694-2235

AMADOR COUNTY (03)
Dept. of Social Services
QMB/SLMB/QI Program
1003 Broadway
Jackson, CA 95642
(209) 223-6550
(209) 223-6208 FAX

BUTTE COUNTY (04)
Dept. of Social Welfare
QMB/SLMB/QI Program
42 County Center Dr.
P.O. Box 1649
Oroville, CA 95965
(530) 538-7573

CALAVERAS CO. (05)
Calaveras Works and Human
Services Agency
QMB/SLMB/QI Program
891 Mountain Ranch Road
San Andreas, CA 95249
(209) 754-6444

COLUSA COUNTY (06)
Dept. of Social Welfare
QMB/SLMB/QI Program
251 East Webster St.
P.O. Box 370
Colusa, CA 95932
(530) 458-0264
(530) 458-0492 FAX

CONTRA COSTA (07)
Employment of Human
Services Dept.
QMB/SLMB/QI Program
40 Douglas Dr.
Martinez, CA 94553
(925) 313-1545
(925) 313-1758 FAX

DEL NORTE COUNTY (08)
Dept. of Social Services
SLMB/QI Program
880 Northcrest Dr.
Crescent City, CA 95531
(707) 464-3191
(707) 465-1783 FAX

DEL NORTE COUNTY (08)
Dept. of Social Services
QMB Program
880 Northcrest Dr.
Crescent City, CA 95531
(707) 464-3191
(707) 465-1783 FAX

EL DORADO CO. (09)
Dept. of Social Services
QMB/SLMB/QI Program
3057 Briw Road
Placerville, CA 95667
(530) 642-7351

FRESNO COUNTY (10)
Dept. of Human Services
QMB/SLMB/QI Program
4449 East Kings Canyon
P.O. Box 1912
Fresno, CA 93750
(559) 453-6467

GLENN COUNTY (11)
Human Resources Agency
QMB/SLMB/QI Program
420 East Laurel St.
P.O. Box 611
Willows, CA 95988
(530) 934-6514
(530) 934-6521 FAX

HUMBOLDT COUNTY (12)
Dept. of Social Services
QMB/SLMB/QI Program
929 Koster St.
Eureka, CA 95501
(707) 445-7706

IMPERIAL COUNTY (13)
Dept. of Social Services
QMB/SLMB/QI Program
2995 S. Fourth St. Suite 105
El Centro, CA 92243
(760) 337-7408

INYO COUNTY (14)
Dept. of Social Services
QMB/SLMB/QI Program
162A Grove St.
Bishop, CA 93514
(760) 872-1394

KERN COUNTY (15)
Dept. of Human Services
QMB/SLMB/QI Program
100 East California Ave.
Bakersfield, CA 93302
(661) 631-6245

KINGS COUNTY (16)
Human Services Agency
QMB/SLMB/QI Program
1200 South Dr.
Hanford, CA 93230
(559) 582-3241 Ext. 4793
(559) 585-0346 FAX

LAKE COUNTY (17)
Dept. of Social Services
QMB/SLMB/QI Program
15975 Anderson Ranch
Parkway
P.O. Box 9000
Lower Lake, CA 95457
(707) 995-4200
(707) 995-4204 FAX

LASSEN COUNTY (18)
Dept. of Social Services
QMB/SLMB/QI Program
720 Richmond Road
P.O. Box 1359
Susanville, CA 96130
(530) 257-8311 Ext. 157

LOS ANGELES CO. (19)
Dept. of Social Services
QMB/SLMB/QI Program
17171 East Gale Ave.
City of Industry, CA 91745-
1800
(626) 854-4766

A. COUNTABLE INCOME

1. Fill in the MONTHLY unearned income received by the QMB/SLMB/QI-1/QI-2 applicant:

- a. Social security check \$ _____
- b. VA benefits \$ _____
- c. Interest from bank accounts or certificate(s) of deposit \$ _____
- d. Retirement income \$ _____
- e. Any other unearned income \$ _____
- f. Total UNEARNED INCOME—add lines a. through e. \$ _____

2. If you are married and living with your SPOUSE, fill in the MONTHLY unearned income received by your spouse:

- g. Social security check \$ _____
- h. VA benefits \$ _____
- i. Interest from bank accounts or certificate(s) of deposit \$ _____
- j. Any other unearned income \$ _____
- k. Retirement income \$ _____
- l. Total SPOUSE'S UNEARNED INCOME—add lines g. through k. \$ _____

3. Fill in the MONTHLY earned income received by the QMB/SLMB/QI-1/QI-2 applicant and spouse:

- m. Gross earnings for the person who wants to be a QMB, SLMB, QI-1, or QI-2 \$ _____
- n. Gross earnings for the spouse \$ _____
- o. Total—add lines m. and n. \$ _____
- p. Subtract \$65 \$ _____
- q. Remainder \$ _____
- r. Divide by 2 \$ _____
- s. Total EARNED AND UNEARNED INCOME—add lines f., l., and r. \$ _____

COUNTY USE

Applicant's
unearned
income
(line f) \$ _____

Spouse's
unearned
income
(line l) + _____

Any
income
deduction — _____

Net
unearned
income _____

Net
earned
income
(line r) + _____

Total
net income _____

MFBU size _____

Compare to
QMB/SLMB/QI-1/QI-2
income limit.

If over income limit, is there
a spouse and/or children in
the home? Complete the
MC 176-2 A QMB/SLMB/QI
form.

4. Potential QMB, SLMB, QI-1, or QI-2 eligibles:

- ☐ You are potentially eligible as a QMB if your income is at or below 100% of the FPL (at \$736* for a single person, or at \$988* for a couple).
- ☐ You are potentially eligible as a SLMB if your income is below 120% of FPL (below \$879* for a single person, or below \$1,181* for a couple).
- ☐ You are potentially eligible as a QI-1 if your income is below 135% of FPL (below \$987* for a single person, or below \$1,327* for a couple).
- ☐ You are potentially eligible as a QI-2 if your income is below 175% of FPL (below \$1,273* for a single person, or below \$1,714* for a couple).

* If you have a child in the home, these amounts may be higher.

**Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare
(SLMB)/Qualifying Individual (QI) Counties List**

MADERA COUNTY (20)
Dept. of Social Services
QMB/SLMB/QI Program
629 East Yosemite Ave.
P.O. Box 569
Madera, CA 93639
(559) 675-2300
(559) 675-7690 FAX

MARIN COUNTY (21)
Dept. of Health and Human
Services
3501 Civic Center Branch
P.O. Box 4160
San Rafael, CA 94913
(415) 499-7089

MARIPOSA COUNTY (22)
Dept. of Human Services
QMB/SLMB/QI Program
5186 Highway 49 North
P.O. Box 7
Mariposa, CA 95338
(209) 966-3609 Ext. 219

MENDOCINO CO. (23)
Dept. of Social Services
QMB/SLMB/QI Program
747 South State St.
P.O. Box 1060
Ukiah, CA 95482
(707) 463-7828 Ext. 173

MERCED COUNTY (24)
Human Services Agency
SLMB/QI Program
2115 West Wardrobe Ave.
P.O. Box 112
Merced, CA 95341-0112
(209) 385-3000 Ext. 5790
(209) 725-3583 FAX

MODOC COUNTY (25)
Dept. of Social Services
QMB/SLMB/QI Program
120 North Main St.
Alturas, CA 96101
(530) 233-6501

MONO COUNTY (26)
Dept. of Social Services
QMB/SLMB/QI Program
P.O. Box 576
Bridgeport, CA 93517
(619) 932-7291

MONTEREY COUNTY (27)
Dept. of Social Services
QMB/SLMB/QI Program
1000 So. Main St. Ste 208
Salinas, CA 93901
(831) 755-4407/755-4400
(831) 755-8408 FAX

NAPA COUNTY (28)
Dept. of Social Services
QMB/SLMB/QI Program
2261 Elm St.
Napa, CA 94558
(707) 253-4106

NEVADA COUNTY (29)
Dept. of Public Soc. Services
Adult and Family Services
950 Maidu Ave.
P.O. Box 1210
Nevada City, CA 95959
(530) 265-1632
(530) 265-7062 FAX

ORANGE COUNTY (30)
Social Services Agency
QMB/SLMB/QI Program
888 North Main St. #158C
P.O. Box 1772 (92707-1772)
Santa Ana, CA 92701-3518
(714) 541-7750
(714) 245-6188 FAX

PLACER COUNTY (31)
Health and Human Services
QMB/SLMB/QI Program
11519 B Ave.
Auburn, CA 95603
(530) 889-7609
(530) 889-7608

PLUMAS COUNTY (32)
Dept. of Social Services
QMB/SLMB/QI Program
270 County Hospital Rd.
Rm. 207
Quincy, CA 95971
(530) 283-6350

RIVERSIDE COUNTY (33)
Dept. of Public Social
Services
QMB/SLMB/QI Program
1605 Spruce St.
Riverside, CA 92507
(Call Local Department of
Social Services)

SACRAMENTO CO. (34)
Dept. of Human Assistance
QMB/SLMB/QI Program
1725 28th St.
Sacramento, CA 95816
(916) 874-2580
(916) 874-2729

SAN BENITO CO. (35)
Human Services Agency
QMB/SLMB/QI Program
1111 San Felipe Rd. #206
Hollister, CA 95023
(831) 636-4180
(831) 637-9754 FAX

SAN BERNARDINO CO. (36)
Human Services System
Traditional Assist. Dept.
QMB/SLMB/QI Program
150 South Lena Rd.
San Bernardino, CA 92415-
0515
(Call Local Department of Social
Services)

SAN DIEGO COUNTY (37)
Health and Human Services
Agency
QMB/SLMB/QI Program
7947 Mission Center Court
San Diego, CA 92108
(619) 531-6293

SAN FRANCISCO CO. (38)
Dept. of Social Services
QMB/SLMB/QI Program
P.O. Box 7988
San Francisco, CA 94120
(415) 558-1855

B. PROPERTY

A QMB, SLMB, QI-1, or QI-2 who is not married or not living with his/her spouse may have countable property which is equal to or less than \$4,000. A QMB, SLMB, QI-1, or QI-2 who is married and living with his/her spouse must have countable property which is equal to or less than \$6,000.

The following are examples of countable property. **Important:** The home you and/or a spouse live in **does not** count. One car used for transportation **does not** count. If you apply at the county welfare department as a QMB, SLMB, QI-1, or QI-2, the county may treat the property listed on this form differently. There are other types of property which the county welfare department, will also look at, i.e., certificates of deposit. This other property **may** or **may not** count towards the property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

- | | |
|---|-------------------|
| 1. Checking accounts | \$ _____ |
| 2. Savings accounts | \$ _____ |
| 3. Certificate(s) of deposit | \$ _____ |
| 4. Stocks | \$ _____ |
| 5. Bonds | \$ _____ |
| 6. A second car (value minus amount owed) | \$ _____ |
| 7. A second home (value minus amount owed) | \$ _____ |
| 8. The cash surrender value of life insurance policies if the face value of all policies combined exceeds \$1,500 (Do not include "term" insurance policies) | \$ _____ |
| 9. Total PROPERTY—add lines 1 through 8 | **\$ _____ |

COUNTY USE

****** This total cannot exceed \$4,000 for a single person or \$6,000 for a couple.

Additional information: You may be eligible for **up to three months of retroactive coverage** of your Medicare Part B premiums under the SLMB and QI programs.

NOTE: Individuals enrolled in traditional Medi-Cal, in addition to the QMB/SLMB/QI programs, may be subject to Estate Recovery. Medi-Cal benefits received by an individual after age 55 may be recoverable by the State. Recovery may be made from the estate or the distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled or blind son or daughter. **Individuals enrolled in only the QMB/SLMB/QI programs, however, are not subject to Estate Recovery.**

I declare under penalty of perjury, under the laws of the United States of America and the State of California, that information I have given on this form is true, correct, and complete.

Signature (or mark) of applicant

Date



COUNTY USE

☐ QMB approved ☐ SLMB approved ☐ QI-1 approved ☐ QI-2 approved ☐ QMB/SLMB/QI-1/QI-2 denied

Eligibility Worker's signature

Date



Privacy Statement

Sections 14011 and 14012 of the Welfare and Institutions Code allow county welfare departments to get certain facts from you to decide if you, or the persons you represent, can get Medi-Cal benefits. You must provide these facts to get all or some of your Medicare Part B premiums paid by Medi-Cal. Failure to provide necessary facts can result in Medi-Cal benefits being denied.

The information will be used:

1. By the county welfare department to establish first-time and ongoing Medi-Cal eligibility.
2. By Electronic Data Systems (EDS) to process claims and make Benefits Identification Cards (BICs) for Medi-Cal benefits.
3. By the United States (U.S.) Department of Health and Human Services to make audit and quality control reviews and verify Medicare Buy-In and social security numbers (SSNs).
4. To verify alien status with the U.S. Immigration and Naturalization Service (INS) only for aliens who claim to be lawfully admitted for permanent residence or permanently residing in the U.S. under color of law (PRUCOL) or amnesty aliens with a valid and current I-688 card. The information the INS receives can only be used to determine Medi-Cal eligibility, and cannot be used for immigration enforcement unless you are committing fraud.
5. By medical services providers and health maintenance organizations to certify eligibility.
6. To identify health insurance coverage and take recovery actions.

The information you provide will be kept confidential. For more information or to access your records, contact your local county Social Services agency or the Social Security Administration.

Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare (SLMB)/Qualifying Individual (QI) Counties List

SAN JOAQUIN CO. (39)
Human Services Agency
QMB/SLMB/QI Program
333 East Washington
P.O. Box 201056
Stockton, CA 95201-3006
(209) 468-1453

SAN LUIS OBISPO CO. (40)
Dept. of Social Services
QMB/SLMB/QI Program
P.O. Box 8119
San Luis Obispo, CA
93403-8119
(805) 781-1896

SAN MATEO COUNTY (41)
Dept. of Social Services
QMB/SLMB/QI Program
400 Harbor Blvd., Bldg. C
Belmont, CA 94002
(650) 595-7570

SANTA BARBARA CO. (42)
Dept. of Social Services
QMB/SLMB/QI Program
1100 West Laurel Ave.
Lompoc, CA 93436
(805) 737-7056

SANTA CLARA CO. (43)
Social Services Agency
QMB/SLMB/QI Program
1725 Technology Dr.
San Jose, CA 95112-1360
(408) 441-5590 Ext. 3155
(408) 436-5493 FAX

SANTA CRUZ CO. (44)
Human Resources Agency
QMB/SLMB/QI Program
1320 Emeline St.
Santa Cruz, CA 95061
(831) 454-4142

SHASTA COUNTY (45)
Dept. of Social Services
QMB/SLMB/QI Program
2460 Breslauer Wy.
P.O. Box 496005
Redding, CA 96049
(530) 225-5596

SIERRA COUNTY (46)
Human Services
QMB/SLMB/QI Program
202 Front St.
P.O. Box 1019
Loyalton, CA 96118
(530) 993-6720
(530) 993-6741 FAX

SISKIYOU COUNTY (47)
Human Services
QMB/SLMB/QI Program
818 South Main
Yreka, CA 96097
(530) 938-5117
(530) 938-5116 FAX

SOLANO COUNTY (48)
Health and Social Services
Department.
QMB/SLMB/QI Program
1745 Enterprise Dr.
Fairfield, CA 94533
(707) 421-7805

SONOMA COUNTY (49)
Human Services Dept.
QMB/SLMB/QI Program
520 Mendocino Ave.
P.O. Box 1539
Santa Rosa, CA 95402
(707) 565-5304

STANISLAUS CO. (50)
Comm. Services Agency
QMB/SLMB/QI Program
251 E. Hackett Road
Modest, CA 95358
P.O. Box 42
Modesto, CA 95347-5351
(209) 558-2690
(209) 558-2189 FAX

SUTTER COUNTY (51)
Welfare and Social Svcs.
QMB/SLMB/QI Program
190 Garden Highway
P.O. Box 1535
Yuba City, CA 95992-1535
(530) 822-7230 Ext. 218

TEHAMA COUNTY (52)
Dept. of Social Services
QMB/SLMB/QI Program
22840 Antelope Blvd.
P.O. Box 1515
Red Bluff, CA 96080
(530) 528-4095
(530) 527-5410

TRINITY COUNTY (53)
Dept. of Health and Human
Services
QMB/SLMB/QI Program
P.O. Box 1470
Weaverville, CA 96093
(530) 623-1265

TULARE COUNTY (54)
Health and Human Services
QMB/SLMB/QI Program
5957 South Mooney Blvd.
Visalia, CA 93277
(209) 737-4660 Ext. 2106
(209) 737-4694 FAX

TUOLUMNE COUNTY (55)
Dept. of Social Services
QMB/SLMB/QI Program
20075 Cedar Road North
Sonora, CA 95370
(209) 533-5735

VENTURA COUNTY (56)
Dept. of Social Services
QMB/SLMB/QI Program
505 Poli St.
Ventura, CA 93001
(805) 652-7522

YOLO COUNTY (57)
Dept. of Social Services
QMB/SLMB/QI Program
500 A Jefferson Blvd.
Ste 100
West Sacramento, CA 95605
(916) 375-6214

YUBA COUNTY
Human Services Agency
QMB/SLMB/QI Program
6000 Lindhurst Ave. #504
P.O. Box 2320
Marysville, CA 95901
(530) 749-6311
(530) 749-6274
(530) 741-6575 FAX

SOLICITUD PARA EL PROGRAMA DE BENEFICIARIOS ELEGIBLES DE BAJOS INGRESOS DE MEDICARE (QMB), BENEFICIARIOS ESPECÍFICOS DE BAJOS INGRESOS DE MEDICARE (SLMB) E INDIVIDUOS QUE REÚNEN LOS REQUISITOS (QI)

Nombre		Número del Seguro Social		Número de Medicare		Fecha	
Número de teléfono ()		Fecha de nacimiento		Sexo ☐ Hombre ☐ Mujer		Estado civil ☐ Casado(a) ☐ Divorciado(a) ☐ Separado(a) ☐ Soltero(a) ☐ Viudo(a)	
Dirección (número, calle)				Ciudad		Estado Código postal	

Esta información es para ayudarle a solicitar beneficios para el Programa de Beneficiarios Elegibles de Bajos Ingresos de Medicare (*Qualified Medicare Beneficiary—QMB*), para el de Beneficiarios Específicos de Bajos Ingresos de Medicare (*Specified Low-Income Medicare Beneficiary—SLMB*), o para los de Individuos que Reúnen los Requisitos 16 2 (*Qualifying Individual-1 or -2 - QI-1 or QI-2*). El Estado pagará las primas de las Partes A y B de Medicare, las cantidades deducibles y las cuotas de seguro conjunto a las personas que reúnan los requisitos para el programa de *QMB*. El Estado pagará las primas de la Parte B de Medicare a las personas que reúnan los requisitos para los programas de *SLMB* o *QI-1*. A las personas que reúnan los requisitos para el programa de *QI-2* se les reembolsará una parte de las primas mensuales de la Parte B que hayan pagado, a reembolsárseles el año siguiente. Usted puede solicitar beneficios del *QMB*, *SLMB*, *QI-1* ó *QI-2*, completando y enviando este formulario por correo a su agencia local de servicios sociales del condado.

A fin de reunir los requisitos para recibir beneficios del *QMB*, *SLMB*, *QI-1*, ó *QI-2*, usted tiene que:

- Reunir los requisitos para recibir la Parte A de Medicare (seguro de hospital).
- Reunir los requisitos para recibir la Parte B de Medicare (seguro médico).
- Cumplir con los requisitos de ingresos a continuación:
 - **QMB:** Ingresos contables netos al o por debajo del 100% del Nivel Federal de Pobreza (*Federal Poverty Level - FPL*) (a o menos de \$736* por persona soltera, o \$988* por pareja).
 - **SLMB:** Ingresos contables netos por debajo del 120% del *FPL* (menos de \$879* por persona soltera, o \$1,181* por pareja).
 - **QI-1:** Ingresos contables netos por debajo del 135% del *FPL* (menos de \$987* por persona soltera, o \$1,327* por pareja).
 - **QI-2:** Ingresos contables netos por debajo del 175% del *FPL* (menos de \$1,273* por persona soltera, o \$1,714* por pareja).
- * Si usted tiene un(a) niño(a) que vive en el hogar con usted, estas cantidades podrían ser más altas. Se espera que estas cantidades aumenten cada año en abril. Si usted recibió un ajuste por el costo de vida, del Título II del Seguro Social, en enero, esta cantidad no se tomará en cuenta hasta abril.
- Tener un máximo de \$4,000 en bienes no exentos por persona soltera, o \$6,000 por pareja.
- Cumplir con ciertos requisitos y condiciones, tales como ser residente de California.

IMPORTANTE:

Es posible que usted reúna los requisitos para otros programas de Medi-Cal, aparte de los programas del *QMB* y *SLMB*, como cupones para comida o Medi-Cal, con un gasto mensual (parte del costo). Además, es posible que usted reúna los requisitos para Medi-Cal con una parte del costo mensual, si usted **sobrepasa** los límites de ingresos de los programas de *QMB*, *SLMB*, *QI-1* y *QI-2*. Esta cobertura incluiría el pago de la prima de la Parte B de Medicare. Si usted desea solicitar beneficios para estos otros programas, marque sí, y el condado le enviará otros formularios para que los complete.

☐ Sí ☐ No

¿Desea solicitar para tres meses de cobertura retroactiva para los programas de *SLMB*, *QI-1* y *QI-2*?
(No hay cobertura retroactiva para el *QMB*).

☐ Sí ☐ No

Enumere a todas las personas que vivan en su hogar (cónyuge/niños). Si más de tres personas viven con usted, puede enumerarlas en una hoja por separado.

Nombre	Número del Seguro Social	Sexo H=Hombre M=Mujer	Fecha de Nacimiento	Parentesco con Usted

**ENVÍE POR CORREO SU FORMULARIO COMPLETO A SU AGENCIA DE SERVICIOS SOCIALES DEL CONDADO.
(LAS DIRECCIONES SE INDICAN EN EL REVERSO DE ESTE FORMULARIO)**

Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare (SLMB)/Qualifying Individual (QI) Counties' List

ALAMEDA COUNTY (01)
Social Services Agency
QMB/SLMB/QI Program
7751 Edgewater Drive
Oakland, CA 94621
(510) 383-8749
(510) 569-5017 FAX

ALPINE COUNTY (02)
Dept. of Social Services
QMB/SLMB/QI Program
P. O. Box 277
75 Diamond Valley Road
Markleeville, CA 96120
(530) 694-2235

AMADOR COUNTY (03)
Dept. of Social Services
QMB/SLMB/QI Program
1003 Broadway
Jackson, CA 95642
(209) 223-6550
(209) 223-6208 FAX

BUTTE COUNTY (04)
Dept. of Social Welfare
QMB/SLMB/QI Program
42 County Center Dr.
P.O. Box 1649
Oroville, CA 95965
(530) 538-7573

CALAVERAS CO. (05)
Calaveras Works and Human
Services Agency
QMB/SLMB/QI Program
891 Mountain Ranch Road
San Andreas, CA 95249
(209) 754-6444

COLUSA COUNTY (06)
Dept. of Social Welfare
QMB/SLMB/QI Program
251 East Webster St.
P.O. Box 370
Colusa, CA 95932
(530) 458-0264
(530) 458-0492 FAX

CONTRA COSTA (07)
Employment of Human
Services Dept.
QMB/SLMB/QI Program
40 Douglas Dr.
Martinez, CA 94553
(925) 313-1545
(925) 313-1758 FAX

DEL NORTE COUNTY (08)
Dept. of Social Services
SLMB/QI Program
880 Northcrest Dr.
Crescent City, CA 95531
(707) 464-3191
(707) 465-1783 FAX

DEL NORTE COUNTY (08)
Dept. of Social Services
QMB Program
880 Northcrest Dr.
Crescent City, CA 95531
(707) 464-3191
(707) 465-1783 FAX

EL DORADO CO. (09)
Dept. of Social Services
QMB/SLMB/QI Program
3057 Briw Road
Placerville, CA 95667
(530) 642-7351

FRESNO COUNTY (10)
Dept. of Human Services
QMB/SLMB/QI Program
4449 East Kings Canyon
P.O. Box 1912
Fresno, CA 93750
(559) 453-6467

GLENN COUNTY (11)
Human Resources Agency
QMB/SLMB/QI Program
420 East Laurel St.
P.O. Box 611
Willows, CA 95988
(530) 934-6514
(530) 934-6521 FAX

HUMBOLDT COUNTY (12)
Dept. of Social Services
QMB/SLMB/QI Program
929 Koster St.
Eureka, CA 95501
(707) 445-7706

IMPERIAL COUNTY (13)
Dept. of Social Services
QMB/SLMB/QI Program
2995 S. Fourth St. Suite 105
El Centro, CA 92243
(760) 337-7408

INYO COUNTY (14)
Dept. of Social Services
QMB/SLMB/QI Program
162A Grove St.
Bishop, CA 93514
(760) 872-1394

KERN COUNTY (15)
Dept. of Human Services
QMB/SLMB/QI Program
100 East California Ave.
Bakersfield, CA 93302
(661) 631-6245

KINGS COUNTY (16)
Human Services Agency
QMB/SLMB/QI Program
1200 South Dr.
Hanford, CA 93230
(559) 582-3241 Ext. 4793
(559) 585-0346 FAX

LAKE COUNTY (17)
Dept. of Social Services
QMB/SLMB/QI Program
15975 Anderson Ranch
Parkway
P.O. Box 9000
Lower Lake, CA 95457
(707) 995-4200
(707) 995-4204 FAX

LASSEN COUNTY (18)
Dept. of Social Services
QMB/SLMB/QI Program
720 Richmond Road
P.O. Box 1359
Susanville, CA 96130
(530) 257-8311 Ext. 157

LOS ANGELES CO. (19)
Dept. of Social Services
QMB/SLMB/QI Program
17171 East Gale Ave.
City of Industry, CA 91745-
1800
(626) 854-4766

A. INGRESOS CONTABLES

1. Anote los rendimientos **MENSUALES** del capital recibido por el/la solicitante como **QMB/SLMB/QI-1/QI-2**:

- a. Cheque del Seguro Social \$ _____
- b. Beneficios de la VA (Adm. de Beneficios para Veteranos) \$ _____
- c. Intereses de cuentas bancarias o de certificado(s) de depósito \$ _____
- d. Pensión de jubilación \$ _____
- e. Cualquier otro rendimiento de capital \$ _____
- f. Total de **RENDIMIENTOS DEL CAPITAL**—sume las líneas a. a la e. \$ _____

2. Si está casado(a) y vive con su **CÓNYUGE**, anote los rendimientos **MENSUALES** del capital recibidos por su **cónyuge**:

- g. Cheque del Seguro Social \$ _____
- h. Beneficios de la VA (Adm. de Beneficios para Veteranos) \$ _____
- i. Intereses de cuentas bancarias o de certificado(s) de depósito \$ _____
- j. Cualquier otro rendimiento de capital \$ _____
- k. Pensión de jubilación \$ _____
- l. Total de **RENDIMIENTOS DEL CAPITAL DEL/DE LA CÓNYUGE** —sume las líneas g. a la k. \$ _____

3. Anote los rendimientos **MENSUALES** del capital recibido por el/la solicitante y su **cónyuge** como **QMB/SLMB/QI-1/QI-2**:

- m. Ingresos brutos de la persona que quiere ser **QMB**, **SLMB**, **QI-1**, ó **QI-2** \$ _____
- n. Ingresos brutos del/de la cónyuge \$ _____
- o. Total—sume las líneas m. y n. \$ _____
- p. Reste \$65 \$ _____
- q. Saldo \$ _____
- r. Divida entre 2 \$ _____
- s. Total de **RENDIMIENTOS DEL CAPITAL**—sume las líneas f., l., y r. \$ _____

4. Posibles personas que reúnen los requisitos como **QMB**, **SLMB**, **QI-1**, ó **QI-2**:

- ☐ Posiblemente reúna los requisitos para ser **QMB**, si sus ingresos están al o por debajo del 100% del **FPL** (\$736* por persona soltera, o \$988* por pareja).
- ☐ Posiblemente reúna los requisitos para ser **SLMB**, si sus ingresos están por debajo del 120% del **FPL** (menos de \$879* por persona soltera, o menos de \$1,181* por pareja).
- ☐ Posiblemente reúna los requisitos para ser **QI-1**, si sus ingresos están por debajo del 135% del **FPL** (menos de \$987* por persona soltera, o menos de \$1,327* por pareja).
- ☐ Posiblemente reúna los requisitos para ser **QI-2**, si sus ingresos están por debajo del 175% del **FPL** (menos de \$1,273* por persona soltera, o menos de \$1,714* por pareja).

* Si un(a) niño(a) vive en el hogar con usted, es posible que estas cantidades sean mayores.

COUNTY USE

Applicant's unearned income (line f) \$ _____

Spouse's unearned income (line l) + _____

Any income deduction - _____

Net unearned income _____

Net earned income (line r) + _____

Total net income _____

MFBU size _____

Compare to QMB/SLMB/QI-1/QI-2 income limit.

If over income limit, is there a spouse and/or children in the home? Complete the MC 176-2 A QMB/SLMB/QI form.

Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare (SLMB)/Qualifying Individual (QI) Counties List

MADERA COUNTY (20)
Dept. of Social Services
QMB/SLMB/QI Program
629 East Yosemite Ave.
P.O. Box 569
Madera, CA 93639
(559) 675-2300
(559) 675-7690 FAX

MARIN COUNTY (21)
Dept. of Health and Human
Services
3501 Civic Center Branch
P.O. Box 4160
San Rafael, CA 94913
(415) 499-7089

MARIPOSA COUNTY (22)
Dept. of Human Services
QMB/SLMB/QI Program
5186 Highway 49 North
P.O. Box 7
Mariposa, CA 95338
(209) 966-3609 Ext. 219

MENDOCINO CO. (23)
Dept. of Social Services
QMB/SLMB/QI Program
747 South State St.
P.O. Box 1060
Ukiah, CA 95482
(707) 463-7828 Ext. 173

MERCED COUNTY (24)
Human Services Agency
SLMB/QI Program
2115 West Wardrobe Ave.
P.O. Box 112
Merced, CA 95341-0112
(209) 385-3000 Ext. 5790
(209) 725-3583 FAX

MODOC COUNTY (25)
Dept. of Social Services
QMB/SLMB/QI Program
120 North Main St.
Alturas, CA 96101
(530) 233-6501

MONO COUNTY (26)
Dept. of Social Services
QMB/SLMB/QI Program
P.O. Box 576
Bridgeport, CA 93517
(619) 932-7291

MONTEREY COUNTY (27)
Dept. of Social Services
QMB/SLMB/QI Program
1000 So. Main St. Ste 208
Salinas, CA 93901
(831) 755-4407/755-4400
(831) 755-8408 FAX

NAPA COUNTY (28)
Dept. of Social Services
QMB/SLMB/QI Program
2261 Elm St.
Napa, CA 94558
(707) 253-4106

NEVADA COUNTY (29)
Dept. of Public Soc. Services
Adult and Family Services
950 Maidu Ave.
P.O. Box 1210
Nevada City, CA 95959
(530) 265-1632
(530) 265-7062 FAX

ORANGE COUNTY (30)
Social Services Agency
QMB/SLMB/QI Program
888 North Main St. #158C
P.O. Box 1772 (92707-1772)
Santa Ana, CA 92701-3518
(714) 541-7750
(714) 245-6188 FAX

PLACER COUNTY (31)
Health and Human Services
QMB/SLMB/QI Program
11519 B Ave.
Auburn, CA 95603
(530) 889-7609
(530) 889-7608

PLUMAS COUNTY (32)
Dept. of Social Services
QMB/SLMB/QI Program
270 County Hospital Rd.
Rm. 207
Quincy, CA 95971
(530) 283-6350

RIVERSIDE COUNTY (33)
Dept. of Public Social
Services
QMB/SLMB/QI Program
1605 Spruce St.
Riverside, CA 92507
(Call Local Department of
Social Services)

SACRAMENTO CO. (34)
Dept. of Human Assistance
QMB/SLMB/QI Program
1725 28th St.
Sacramento, CA 95816
(916) 874-2580
(916) 874-2729

SAN BENITO CO. (35)
Human Services Agency
QMB/SLMB/QI Program
1111 San Felipe Rd. #206
Hollister, CA 95023
(831) 636-4180
(831) 637-9754 FAX

SAN BERNARDINO CO.
(36)
Human Services System
Traditional Assist. Dept.
QMB/SLMB/QI Program
150 South Lena Rd.
San Bernardino, CA 92415-
0515
(Call Local Department of Social
Services)

SAN DIEGO COUNTY (37)
Health and Human Services
Agency
QMB/SLMB/QI Program
7947 Mission Center Court
San Diego, CA 92108
(619) 531-6293

SAN FRANCISCO CO. (38)
Dept. of Social Services
QMB/SLMB/QI Program
P.O. Box 7988
San Francisco, CA 94120
(415) 558-1855

B. BIENES

Un(a) *QMB*, *SLMB*, *QI-1* ó *QI-2* que no esté casado(a), o que no viva con su cónyuge, puede tener bienes contables equivalentes a, o menores de \$4,000. Un(a) *QMB*, *SLMB*, *QI-1* ó *QI-2* que esté casado(a), y que viva con su cónyuge, tiene que tener bienes equivalentes a, o menores de \$6,000.

A continuación se le proporcionan algunos ejemplos de bienes contables. **Importante:** La casa en que usted o su cónyuge vivan **no** cuenta. Un automóvil que se use como transporte **no** cuenta. Si usted solicita beneficios del departamento de asistencia pública del condado como *QMB*, *SLMB*, *QI-1* ó *QI-2*, es posible que el condado considere los bienes enumerados en este formulario de manera diferente. Existen otras clases de bienes que el departamento de asistencia pública del condado también tendrá en cuenta, como por ejemplo certificados de depósito. Estos otros bienes **podrían** contar o **no** en lo referente al límite de bienes.

Anote el valor de los siguientes bienes que le pertenezcan a usted, a su cónyuge o a ambos.

- | | |
|--|------------|
| 1. Cuentas corrientes | \$ _____ |
| 2. Cuentas de ahorros | \$ _____ |
| 3. Certificado(s) de depósito | \$ _____ |
| 4. Acciones o valores | \$ _____ |
| 5. Bonos u obligaciones | \$ _____ |
| 6. Un segundo automóvil (valor menos la cantidad que aún debe) | \$ _____ |
| 7. Una segunda casa (valor menos la cantidad que aún debe) | \$ _____ |
| 8. El valor de rescate en efectivo de las pólizas de seguro de vida, si el valor nominal de todas las pólizas combinadas excede los \$1,500 (No incluya las pólizas de seguro "a plazos") | \$ _____ |
| 9. Total de BIENES—sume las líneas 1 a 8 | **\$ _____ |

COUNTY USE

** Este total no puede exceder los \$4,000 por persona soltera, o los \$6,000 por pareja.

Información adicional: Es posible que reúna los requisitos para recibir **un máximo de tres meses de cobertura retroactiva** de sus primas de la Parte B de Medicare, bajo los programas de *SLMB* y *QI*.

NOTA: Las personas inscritas en el programa tradicional de Medi-Cal, además de los programas de *QMB/SLMB/QI*, podrían estar sujetas a la Recuperación de Patrimonio Sucesorio. El Estado podría recuperar los beneficios de Medi-Cal que recibió una persona después de los 55 años de edad. La recuperación podría hacerse del patrimonio sucesorio o del/de la heredero(a) del beneficiario de Medi-Cal, si al beneficiario no le sobreviven su cónyuge, hijos menores o un(a) hijo(a) totalmente incapacitado(a) o ciego(a). **Sin embargo, las personas inscritas solamente en los programas de *QMB/SLMB/QI*, no están sujetas a la Recuperación de Patrimonio Sucesorio.**

Declaro bajo pena de perjurio, conforme a las leyes de los Estados Unidos de Norteamérica y del Estado de California, que la información que he proporcionado en este formulario es verdadera, correcta y completa.

Firma (o huella) del/de la solicitante

Fecha

COUNTY USE

☒ *QMB* approved

☐ *SLMB* approved

☐ *QI-1* approved

☐ *QI-2* approved

☐ *QMB/SLMB/QI-1/QI-2* denied

Firma del/de la Trabajador(a) de Elegibilidad

Fecha

Declaración sobre la Privacidad

Las secciones 14011 y 14012 del Código de Asistencia Pública e Instituciones permite que los departamentos de asistencia pública del condado obtengan cierta información de usted, para decidir si usted o las personas que usted representa pueden obtener beneficios de Medi-Cal. Usted tiene que proporcionar estos datos para que Medi-Cal pague todas o parte de las primas de la Parte B de Medicare. El no proporcionar los datos necesarios podría ocasionar que se le negaran los beneficios de Medi-Cal.

La información se utilizará:

1. Por el departamento de asistencia pública del condado, para establecer la elegibilidad inicial y continua de Medi-Cal.
2. Por los Sistemas Electrónicos de Datos (*EDS*), para tramitar reclamos y hacer Tarjetas de Identificación de Beneficios (*BICs*) para beneficios de Medi-Cal.
3. Por el Departamento de Servicios Humanos y de Salud de los Estados Unidos, para llevar a cabo auditorías y evaluaciones de control de calidad, y verificar números que el Estado asigna a los beneficiarios a quienes paga las primas de Medicare (*Buy-In*) y los números de Seguro Social (*SSNs*).
4. Para verificar la condición de extranjeros con el Servicio de Inmigración y Naturalización (*INS*) solamente de los extranjeros que dicen haber recibido legalmente su residencia permanente, o que dicen residir permanentemente en los Estados Unidos, aparentemente de manera legal (*PRUCOL*), o de extranjeros que recibieron amnistía con una tarjeta 1-688 válida y vigente. La información que el *INS* recibe puede utilizarse solamente para determinar la elegibilidad de Medi-Cal, y no la pueden utilizar agentes de inmigración, a menos que usted esté cometiendo fraude.
5. Por proveedores de servicios médicos y organizaciones para el mantenimiento de la salud, para certificar la elegibilidad.
6. Para identificar cobertura de seguro médico, y llevar a cabo acciones de recuperación.

La información que usted proporcione se mantendrá de manera confidencial. Para obtener más información, o para tener acceso a su expediente, comuníquese con su agencia local de Servicios Sociales del condado, o con la Administración del Seguro Social.

Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare (SLMB)/Qualifying Individual (QI) Counties List

SAN JOAQUIN CO. (39)
Human Services Agency
QMB/SLMB/QI Program
333 East Washington
P.O. Box 201056
Stockton, CA 95201-3006
(209) 468-1453

SAN LUIS OBISPO CO.(40)
Dept. of Social Services
QMB/SLMB/QI Program
P.O. Box 8119
San Luis Obispo, CA
93403-8119
(805) 781-1896

SAN MATEO COUNTY(41)
Dept. of Social Services
QMB/SLMB/QI Program
400 Harbor Blvd., Bldg. C
Belmont, CA 94002
(650) 595-7570

SANTA BARBARA CO.(42)
Dept. of Social Services
QMB/SLMB/QI Program
1100 West Laurel Ave.
Lompoc, CA 93436
(805) 737-7056

SANTA CLARA CO. (43)
Social Services Agency
QMB/SLMB/QI Program
1725 Technology Dr.
San Jose, CA 95112-1360
(408) 441-5590 Ext. 3155
(408) 436-5493 FAX

SANTA CRUZ CO. (44)
Human Resources Agency
QMB/SLMB/QI Program
1320 Emeline St.
Santa Cruz, CA 95061
(831) 454-4142

SHASTA COUNTY (45)
Dept. of Social Services
QMB/SLMB/QI Program
2460 Breslauer Wy.
P.O. Box 496005
Redding, CA 96049
(530) 225-5596

SIERRA COUNTY (46)
Human Services
QMB/SLMB/QI Program
202 Front St.
P.O. Box 1019
Loyalton, CA 96118
(530) 993-6720
(530) 993-6741 FAX

SISKIYOU COUNTY (47)
Human Services
QMB/SLMB/QI Program
818 South Main
Yreka, CA 96097
(530) 938-5117
(530) 938-5116 FAX

SOLANO COUNTY (48)
Health and Social Services
Department.
QMB/SLMB/QI Program
1745 Enterprise Dr.
Fairfield, CA 94533
(707) 421-7805

SONOMA COUNTY (49)
Human Services Dept.
QMB/SLMB/QI Program
520 Mendocino Ave.
P.O. Box 1539
Santa Rosa, CA 95402
(707) 565-5304

STANISLAUS CO. (50)
Comm. Services Agency
QMB/SLMB/QI Program
251 E. Hackett Road
Modest, CA 95358
P.O. Box 42
Modesto, CA 95347-5351
(209) 558-2690
(209) 558-2189 FAX

SUTTER COUNTY (51)
Welfare and Social Svcs.
QMB/SLMB/QI Program
190 Garden Highway
P.O. Box 1535
Yuba City, CA 95992-1535
(530) 822-7230 Ext. 218

TEHAMA COUNTY (52)
Dept. of Social Services
QMB/SLMB/QI Program
22840 Antelope Blvd.
P.O. Box 1515
Red Bluff, CA 96080
(530) 528-4095
(530) 527-5410

TRINITY COUNTY (53)
Dept. of Health and Human
Services
QMB/SLMB/QI Program
P.O. Box 1470
Weaverville, CA 96093
(530) 623-1265

TULARE COUNTY (54)
Health and Human Services
QMB/SLMB/QI Program
5957 South Mooney Blvd.
Visalia, CA 93277
(209) 737-4660 Ext. 2106
(209) 737-4694 FAX

TUOLUMNE COUNTY (55)
Dept. of Social Services
QMB/SLMB/QI Program
20075 Cedar Road North
Sonora, CA 95370
(209) 533-5735

VENTURA COUNTY (56)
Dept. of Social Services
QMB/SLMB/QI Program
505 Poli St.
Ventura, CA 93001
(805) 652-7522

YOLO COUNTY (57)
Dept. of Social Services
QMB/SLMB/QI Program
500 A Jefferson Blvd.
Ste 100
West Sacramento, CA 95605
(916) 375-6214

YUBA COUNTY
Human Services Agency
QMB/SLMB/QI Program
6000 Lindhurst Ave. #504
P.O. Box 2320
Marysville, CA 95901
(530) 749-6311
(530) 749-6274
(530) 741-6575 FAX