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Director

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



GRAY DAVIS
Governor

December 23, 2002

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 02-60
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: NEW FORM DHS 7077 A - NOTICE REGARDING TRANSFER OF A
HOME FOR BOTH A MARRIED AND AN UNMARRIED
APPLICANT/BENEFICIARY

Pursuant to Welfare and Institutions Code, Section 14006.7, effective January 1, 2003, the county welfare departments shall provide a new notice to all non-institutionalized aged, blind and disabled Medi-Cal-only applicants, at the time of application. This form, "NOTICE REGARDING TRANSFER OF A HOME FOR BOTH A MARRIED AND AN UNMARRIED APPLICANT/BENEFICIARY" (DHS 7077 A), explains that an individual can transfer his/her home ownership for less than fair market value without affecting his/her Medi-Cal eligibility.

The DHS 7077 A is to be provided to the Medi-Cal applicant, the applicant's spouse, legal representative, or agent. It includes a signature line to document its receipt. It also indicates that failure to sign the form shall not result in ineligibility for medical assistance.

The DHS 7077 A is printed in both English and Spanish on "no-carbon-required" paper. The original copy must be retained in the case record. If applicable, the individual's refusal to sign the form must be noted in the case narrative. A copy of this form must be provided to the applicant, applicant's spouse, legal representative or agent.

This form should be available to order from the Department of Health Service (DHS) Warehouse on or after December 20, 2002. The telephone number for the DHS Warehouse is (916) 928-9203.



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www.consumerenergycenter.org/flex/index.html

714 P STREET, ROOM 1692, P.O. BOX 942732, SACRAMENTO, CA 94234-7320
(916) 657-2941

Internet Address: www.dhs.ca.gov

PLEASE NOTE: This notice does **NOT** change the current requirement that the county welfare department provide the DHS 7077 at the time of Medi-Cal application for an institutionalized individual and that the nursing facility provide the DHS 7077 at the time of admission into the nursing facility. This form is addressed in All County Welfare Directors Letter Number 00-11.

If you have any questions regarding this form, please contact Ms. Nichole Hansen at (916) 657-0837.

Sincerely,

ORIGINAL SIGNED BY

Beth Fife, Chief
Medi-Cal Eligibility Branch

Enclosure

NOTICE REGARDING TRANSFER OF A HOME FOR BOTH A MARRIED AND AN UNMARRIED APPLICANT/BENEFICIARY

NOTIFICACIÓN EN RESPECTO A LA TRANSFERENCIA DE UNA CASA, PARA LOS SOLICITANTES/BENEFICIARIOS, CASADOS Y SOLTEROS

A transfer of property interest for less than fair market value in a Medi-Cal beneficiary's home will not cause ineligibility for Medi-Cal benefits if at the time of the transfer, the home would have been considered an exempt resource.

This is only a brief description of the Medi-Cal eligibility rules. For more detailed information, you should call your county welfare department. You will probably want to consult with an attorney, your local legal services program for seniors, or the local branch of the long-term care ombudsman program.

I have read the above notice and have received a copy.

Signature	Date
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This form may be signed by the applicant, the applicant's spouse, legal representative, or agent, if any. Failure to sign this form shall not result in ineligibility for medical assistance.

Una transferencia de interés sobre propiedad, por menos del valor equitativo de venta de la casa de un(a) beneficiario(a) de Medi-Cal, no causará que pierda el derecho para recibir los beneficios de Medi-Cal, si en el momento de la transferencia, la casa hubiera sido considerada un recurso exento.

Esta es solamente una breve descripción de las reglas de Medi-Cal para tener derecho a beneficios. Para recibir información más detallada, llame al departamento de bienestar público de su condado. Usted probablemente deseará consultar con un abogado, con su programa local de servicios legales para las personas de edad avanzada o con la oficina local del programa de mediadores para la atención a largo plazo.

He leído la notificación precedente y recibido una copia.

Firma	Fecha
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Este formulario puede ser firmado por el/la solicitante, el/la esposo(a) del solicitante, un(a) representante legal o un(a) agente, de existir alguno(a). La falta de firmar este documento no resultará en la pérdida de derecho para recibir atención médica.