



California
Department of
Health Services

SANDRA SHEWRY
Director

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



ARNOLD SCHWARZENEGGER
Governor

March 23, 2005

Dear ACWDL Subscriber:

Letter No.: 05-11

2005 MAILING LIST

The Department of Health Services, Medi-Cal Eligibility Branch, is revising the All County Welfare Directors Letter (ACWDLs) mailing list for calendar year 2005. In order to remain on the list, please review the enclosed subscription policy and then complete the enclosed subscription form and return it to our office no later than April 28, 2005.

You may also access the ACWDLs (letters only Enclosures not included) by using the Internet address of <http://www.dhs.ca.gov>, and select Medi-Cal Information from the services menu.

If we do not receive your response, your name will be removed from the current mailing list. Should you have any questions regarding this letter, please contact the Medi-Cal Eligibility Branch at (916) 552-9200.

Sincerely,

Original signed by
Richard Brantingham for

Tameron Mitchell, R.D., M.P.H. Chief
Medi-Cal Eligibility Branch

Enclosures

SUBSCRIPTION POLICY

The ACWDLs published by the Department of Health Services' (Department), Medi-Cal Eligibility Branch, provide the latest information about Medi-Cal eligibility policy changes and new Medi-Cal programs. The following information listed is the criteria for subscribing to the ACWDLs.

The Department provides ACWDLs at no charge to:

Public or university libraries;
Local or district offices of the Bureau of Indian Affairs;
County Welfare offices;
Governmental agencies;
Welfare rights organizations;
Nonprofit legal organizations; and

Any organization which:

Requests the letters to make them accessible to the public; Is centrally located and accessible to a substantial number of the Medi-Cal population; and Agrees to file all amendments or changes forwarded by the Department.

An organization requesting a subscription at no charge must provide proof of non-profit tax-exempt status, and a written description detailing how it meets the specified requirements, in addition to completing a subscription request form.

Organizations that are **not eligible for a subscription at no charge** as defined above **must pay an annual subscription fee of \$135 to cover reproduction, postage, and handling costs.** Subscribers will receive each ACWDL published during the calendar year.

All subscribers must complete the enclosed ACWDL Subscription Request Form and return it to the address indicated.

If payment is required, include your check made payable to the Department of Health Services. If your organization is eligible to receive a subscription at no charge, please indicate this on the Subscription Request Form and include the required documentation.

We appreciate your cooperation with this request. If you have any questions about your subscription, please contact the Medi-Cal Eligibility Branch at (916) 552-9200.

ALL COUNTY WELFARE DIRECTORS LETTER SUBSCRIPTION REQUEST FORM

To receive every All County Welfare Directors Letter (ACWDL) published for the current calendar year, please complete the information below, and return this form to the Department of Health Services (Department) address indicated below. The Department will not process subscriptions requiring payment until payment is received.

To receive a subscription at no charge, you must submit proof of your nonprofit tax exempt status, a brief statement which describes your organization's work and a completed ACWDL request form.

CHECK ONE:

- ☐ The organization requesting this subscription meets the requirements for a subscription at no charge because it is (circle A or B):
- A. A public or university library, a local or district office of the Bureau of Indian Affairs, a county welfare office or other government agency, or a welfare rights or other non-profit legal organization.
- B. An organization that will make ACWDLs accessible to the public, is centrally located and accessible to a substantial number of the Medi-Cal population, and agrees to file all amendments or changes forwarded by the Department.
- ☐ The organization requesting this subscription does not meet the requirements for a subscription at no charge. A check is enclosed in the amount of \$135 payable to the "Department of Health Services".

Please forward a subscription of All County Welfare Directors Letters to:

Organization Name:	Address:	
City:	State	Zip Code:
Attention:	Phone:	
Signed:	Date:	

Return subscription form and check to:

California Department of Health Services
Medi-Cal Eligibility Branch
Attention: ACWDL Releasing Desk MS 4607
P.O. Box 997417
Sacramento, CA 95899-7417

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Date Initials

Subscription fee received by accounting _____

Form forwarded from accounting _____

Form completed by DHS per written request _____

Mailing list update requested _____

Mailing list update effective _____

Prior ACWDLs sent to above address _____