

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814

(916) 445-1912

June 22, 1982



To: All County Welfare Directors

Letter No. 82-34

FORM CHANGE -- MC 250

This letter is to inform you to use the attached revised MC 250 (11/81) and destroy the outdated version of the MC 250 (1/81). The new revised MC 250 (2/82) is available for order at the warehouse. It is essential that the new forms are used to determine U.S. citizenship for those persons identified in CAC, Title 22, Section 50251 (d) (1).

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

APPLICATION AND

STATEMENT OF FACTS FOR CHILD NOT LIVING WITH A PARENT

RELATIVE AND FOR WHOM A PUBLIC AGENCY IS
ASSUMING SOME FINANCIAL RESPONSIBILITY

COUNTY USE ONLY

☐ New application

☐ Redetermination

☐ Request for Retroactive Coverage

Name of Child		Sex	Birthdate	Birthplace
Social Security Number	Social Security Claim Number	U.S. Citizen <input type="checkbox"/> If no: <input type="checkbox"/> Alien Registration No. <input type="checkbox"/> CA 6 Attached		
Mother's Name	Mother's SSN (if known)	Father's Name	Father's SSN (if known)	
Name of Person or Institution With Whom Placed				

Address	Street	City	Zip
Mailing Address (if different)	Street	City	Zip

Child is detained under Welfare and Institutions Code Section 602 ☐ Yes ☐ No

Monthly amount paid from public funds for child's care which is not reimbursed by the child's parents. \$

Date of Present Placement

Medical Insurance

☐ Yes ☐ No

If yes:

Insurance Company

SSI/SSP Application Made

☐ Yes ☐ No

CHILD'S ETHNIC GROUP IS (Check one box only):

- ☐ White (Not of Hispanic Origin) ☐ American Indian or Alaskan Native
☐ Hispanic ☐ Filipino
☐ Black (Not of Hispanic Origin)
☐ Asian or Pacific Islander

CHILD'S LANGUAGE IS (Check one box only):
(If he/she can speak and understand English, check English)

- ☐ English ☐ Korean
☐ Spanish ☐ Vietnamese
☐ Chinese ☐ Filipino (Tagalog)
☐ Japanese ☐ Other (Specify):

Signature of Public Agency Representative

Date

Telephone Number

Name of Responsible Public Agency

Street Address

State

Zip Code