

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



February 25, 1987

TO: All County Welfare Directors
All County Administrative Officers

ERRATA NOTICE

RE: All County Welfare Directors (ACWD) Letter 87-5
COBRA WIDOWERS

This errata is being sent to rectify a form number which was erroneously labeled in ACWD Letter 87-5. Please note the following change and make the appropriate correction to your copy of the above referenced letter.

Page 2 - Application Process

- I. Use Pickle application (DHS 7038) should be changed to:
- I. Use Pickle application (MC 210 and MC 210B).

We are sorry for any inconvenience this oversight may have caused you. Any questions regarding this clarification should be directed to Michele White at (916) 445-1912 or ATSS 485-1912.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: July 1, 1987