

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814



May 18, 1987

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Coordinators

LETTER NO.: 87-26

SUBJECT: COMPLETION OF VETERAN'S BENEFITS VERIFICATION AND  
REFERRAL FORM (CA 5)

As you know, the CA 5, Veteran's Benefits and Referral Form, was revised in November 1986. However, based on county input and various procedural changes, this is to provide revised instructions on the completion and distribution of the CA 5.

1. Completion

For a veteran/dependent living at home, completion of Section II (Request For Aid and Attendance Determination for Medi-Cal Only Cases) is not required if the veteran/dependent is not in need of attendant services.

2. Distribution

As part of the Medi-Cal cost avoidance process, the Department had requested all County Veteran Service Officers (CVSOs) to route copies of the completed CA 5 to the Recovery Branch.

At the present time, however, only the CVSOs from the pilot project counties of Sonoma, Riverside and Contra Costa need to send a copy of this form to DHS Recovery Branch. The CVSOs have been informed of this by the Recovery Branch.

If you have any questions, please contact David Jimenez at (916) 739-3258. Thank you for your cooperation.

Sincerely,

Original signed by

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

Expiration Date: November 18, 1987