

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



March 19, 1990

To: All County Welfare Directors  
All County Administrative Officer

Letter No: 90-28

SUBJECT: HEALTH INSURANCE QUESTIONNAIRE SPANISH VERSION

The purpose of this letter is to notify you that the Spanish version of the Health Insurance Questionnaire, DHS 6155(SP) (formerly the HRB 2A) is available and can be ordered from the Health Services Warehouse. The warehouse address is:

Department of Health Services Warehouse  
1037 North market Boulevard, Suite 9  
Sacramento, CA 95834

To order the forms, please refer to the Medi-Cal Eligibility Manual Letter Number 100 of July 6, 1988.

If you have any questions, please contact Verla Everson at (916) 739-2789, ATSS 497-2789.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva for  
Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

Expiration Date: March 19, 1991