

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
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(916) 657-2941



August 21, 2000

Medi-Cal Eligibility Branch Information Letter No.: I-00-14

TO: All County Medi-Cal Program Specialists/Liaisons

MEDI-CAL APPLICATION MATERIAL FOR REVIEW AND COMMENT

You are being asked to review the enclosed new Medi-Cal Mail-In application and respond with your comments and suggestions. Please respond with your comments in writing to the Medi-Cal Eligibility Branch by September 8, 2000.

The enclosed application will replace the current Application (SAWS 1) and the Medi-Cal Statement of Facts (MC 210). The enclosed application and instructions are intended to provide a simplified mail-in application to be used by children, families, and adults applying for Medi-Cal benefits.

If you need any further information, please contact Kim McCord of my staff at (916) 657-3723, 714 P Street, Room 1650, Sacramento, California, 95814 or by e-mail at Kmccord@dhs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Glenda Arellano, Acting Chief
Medi-Cal Eligibility Branch

Enclosure