

**NOTICE OF ACTION  
ACTIVATED MEDI-CAL BENEFITS  
UPON RELEASE FOR AN  
INCARCERATED INDIVIDUAL**

(COUNTY STAMP)

Notice Date: <MONTH DD, YYYY>  
Case Number: <CASE # >  
Worker Name: <WORKER NAME>  
Worker ID Number: <WORKER ID>  
Worker Telephone Number: <PHONE #>  
Office Hours: <OFFICE HOURS>

**ACTIVATED MEDI-CAL BENEFITS NOTICE FOR:**

<FIRST NAME LAST NAME>

The county has received information that you are no longer incarcerated. Based on this new information, your Medi-Cal benefits have been activated effective <MONTH DD, YYYY>.

This means that you can now receive Medi-Cal covered services provided on or after the above date. If you are still an inmate of a public institution, you must tell the county eligibility worker identified above.

**Please Note:** Other family members with different eligibility statuses will receive a separate notice, if any action is taken on their Medi-Cal eligibility. If you have questions about this notice please contact the county eligibility worker listed above immediately.

You can appeal this notice of activation of Medi-Cal benefits. The back of this page explains how to request a hearing.

**IF YOU ALREADY HAVE A BENEFITS IDENTIFICATION CARD (BIC) DO NOT THROW IT AWAY. IT CAN BE USED NOW.** If you need a new Benefits Identification Card (BIC), contact the county eligibility worker identified above to get a new one.

The authority for this notice is Welfare and Institutions Code Sections 14011.10(e), 14005.37, 14053.7, and California Code of Regulations, Title 22, Section 50179. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.