

# HEALTH CARE COVERAGE

FOR PEOPLE WITH LIMITED INCOME OR RESOURCES

# MEDI-CAL

## NEW MAIL-IN APPLICATION AND INSTRUCTIONS

The collage features several images and text labels arranged in a roughly triangular shape. The labels are: Physical Therapy (top left), Pharmacy Services (top center), Pregnant Women (top right), Nursing Home Care (middle left), Infants/Children (middle left, below Nursing Home Care), Disabled (middle right), Elder Care (middle right, below Disabled), Vision Care (bottom left), Dental Care (bottom left, below Vision Care), Emergency Medical Transportation (bottom center), Families (bottom right), and Working Parents (bottom right, below Families). The images include: a woman and child, a doctor with a child, a pregnant woman, a nurse, a young girl, an elderly woman in a wheelchair, a doctor examining a patient's eyes, a doctor with a child, an ambulance, and a woman on a phone.

For **FREE** help to apply for Medi-Cal,  
contact your local welfare office.

## What is Medi-Cal?

- Health care coverage for qualifying persons who live in California, who have income and resources below established limits



## Who can get Medi-Cal?

- Persons 65 or older or
- Persons who are under 21 years of age
- Certain adults, between 21 and 65 years of age, if they have minor children living with them
- Persons who are blind or disabled
- Pregnant women
- Persons receiving nursing home care
- Certain Refugees, Asylees, Cuban/Haitian Entrants

## Do I have to be a U.S. citizen to get Medi-Cal?

- No, documented and undocumented aliens may be eligible for Medi-Cal. Some persons may receive pregnancy related and emergency services only; others are eligible for full Medi-Cal benefits depending on their alien status

## When Medi-Cal says “a minor child,” what does it mean?

- A child married or unmarried under 21 years of age living in your home or away at school

## What do I do to get Medi-Cal coverage?

- Complete and send in the enclosed application
- Send copies of any required documentation (See instructions)

## How can my family and I qualify for Medi-Cal coverage?

If you are in one of the groups listed in “Who can get Medi-Cal?” above:

- We look at your income and subtract some expenses you pay to decide your family’s countable income for Medi-Cal
- We look at things you and your family own (bank accounts, vehicles, etc.) to see if you meet the resource limit. **Please Note:** Not all the things you or your family own are counted; your local welfare office can give you more information

## If I do not fall into one of the covered groups, how can I get coverage?

- Contact your local welfare office for information about medical services in your county



# When Applying For Medi-Cal Health Coverage

## What Should I Do If...

### ***I have an immediate need for health care services, such as severe illness or pregnancy.***

- Take this application directly to the nearest welfare office to start the application process.

### ***I have the application, but need help.***

- Read Instructions carefully.
- Contact your local welfare office for help.
- Ask a friend or relative to help you.



### ***My spouse or I are entering a nursing home and applying for Medi-Cal.***

- Immediately contact your local welfare office for a copy of the notice regarding standards for Medi-Cal eligibility form (DHS 7077). This form will explain certain exempt resources, certain protections against spousal impoverishment, and certain circumstances under which an interest in a home may be transferred without affecting Medi-Cal eligibility.

### ***I filled out the application and want to mail it.***

- Complete the application and mail it to your nearest local welfare office.

### ***I'm homeless or do not have a mailing address.***

#### ***DO NOT MAIL THIS APPLICATION.***

- Go to the nearest local welfare office to turn in this application.

### ***I'm a minor/teenager and want confidential Minor Consent Services, for family planning, pregnancy related care, mental health, drug and alcohol abuse treatment/ counseling, sexually transmitted diseases (STD) or sexual assault.***

- To maintain confidentiality, you must take this application to the local welfare office or eligibility worker site.

#### ***DO NOT MAIL IT.***

### ***I want to ask for Medi-Cal in person. I do not want to mail the application.***

- Contact your local welfare office and ask for an interview to apply in person.

**Remember, whether you take your application to the local welfare office or you mail it, you should *not pay* anyone to help you with this application.**

**[www.dhs.ca.gov](http://www.dhs.ca.gov)**

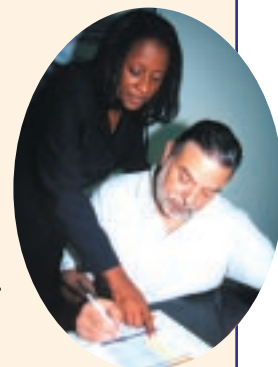
**For *FREE* help to apply for Medi-Cal, contact your local welfare office.**

## ***How to fill out the application***

- **Tear out the application**
- **Read the instructions completely**
- **Fill out as much of the application as you can**
- **Include requested documentation (See instructions)**
- **If help is needed contact the local welfare office**
- **Do not delay in sending in your application**

### **Whose information should you put on this application?**

- If you are an adult not living with a spouse, and you have no children, enter your own information.
- If you are legally married and living together, enter your and your spouse's information.
- If you are legally married but one or both of you are living in a nursing home or board and care facility, enter your and your spouse's information.
- If your children are under 21 years of age and living with you and their other parent, enter your own information, your children's and the other parent's.
- If you are under 21 years of age and not living with your parents, enter your own information.
- If you are an unmarried minor under 21 years of age living with your parent(s) and asking for Minor Consent confidential services, enter your own information.



### **What will happen after I send in my application?**

- The local welfare office will notify you within 10 working days that they received your application. They will give you the name of someone you can contact for more information about your application.
- You will receive a packet from the county with additional program information.
- You may receive a request for additional information that the county will need in order to determine your eligibility.
- In most instances the local welfare office will determine your eligibility within 45 days and notify you in writing of that decision. An eligibility determination based on disability may take up to 90 days.
- If you are determined eligible, depending on what county you live in, you may be able to choose a health plan by completing a separate enrollment form.
- If you do not qualify for no-cost Medi-Cal and you wish to apply for the Healthy Families program, the local welfare office will forward this application to that program.