Enclosure

NOTIFICATION OF RECEIPT OF AIM APPLICATION TO BE PROCESSED AS AN APPLICATION FOR MEDI-CAL

Dear Ms/Mrs. _____:

You recently applied for pregnancy coverage under the **Access for Infants and Mothers (AIM)** program and were told that your income was ***too low*** to qualify for **AIM.**

You also checked a box on the **AIM** application saying you wanted to apply for **Medi-Cal** if you didn't qualify for **AIM**. As a result, the **AIM** program has sent your completed AIM application and proof of income to our county **Medi-Cal** office. The county will use your completed **AIM** application and proof of income to decide if you can get **Medi-Cal** coverage for your pregnancy-related services. But, before we can determine your **Medi-Cal** eligibility, we need additional information from you.

Please complete, sign and return the enclosed STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS in the stamped, self-addressed envelope provided. It must be returned no later than _____.
(Note: Even if you are a U.S. citizen, you must complete, sign, and return the form. If you don't return the signed and completed form by the date shown, we will have to deny your **Medi-Cal** application.)

Please understand that you can get *Medi-Cal pregnancy-related services* no matter what your immigration status may be. This information is used *only* to help us claim the right amount of State and federal funding (money) to pay for **Medi-Cal** services. It will **NOT** be shared with the Immigration and Naturalization Service (INS), unless you are a Qualified Alien asking for full-scope **Medi-Cal** services, as described on the lower portion of this page.

REQUEST FOR PAST COVERAGE: If you had pregnancy-related services in any of the *three months* before this month, you may be able to get **Medi-Cal** coverage for those services. This is called **Retroactive Medi-Cal**. If you want to ask **for Retroactive Medi-Cal** for any or all of these past months, check this box _____ , then complete, sign and return the attached form – **Application for Retroactive Medi-Cal** - in the same envelope you use to return the **Statement of Citizenship, Alienage, and Immigration Status.** Also, please send us wage stubs (or other proof of your family's income) for each month of retroactive coverage you are requesting.

> **NOTE**: if you don't return the completed and signed **Application for Retroactive Medi-Cal**, we will deny your request for retroactive **Medi-Cal** benefits, but we will still decide if you qualify for ongoing pregnancy-related **Medi-Cal** benefits. You have up to one year from the earliest retroactive month to request coverage for that month.

(Please read the other side of this notice)

REQUEST FOR FULL-SCOPE MEDI-CAL: If you would like us to see if you qualify for **full-scope Medi-Cal** (coverage for other medical services besides just pregnancy-related services), check this box _____ and send copies of the following items to help us decide if you are eligible:

- Most recent checking and/or savings account statements.
- Registration certificates for motor vehicles (cars, trucks, boats, trailers) you own or are buying.
- Social Security Number (if you have not already told us).
- Spouse's employment/unemployment information.

You should receive a decision from us within 45 days from the date we received your completed application from the AIM program.

Medi-Cal Rights and Responsibilities

We have enclosed a two-page informational notice called "Medi-Cal Rights and Responsibilities". You do not need to return it. Just read and understand it. If you have any questions about the information in this notice, please call _____.

PRESUMPTIVE ELIGIBILITY

It is important that you see a doctor as early as possible in your pregnancy. While we are processing your Medi-Cal application, you may want to ask your doctor or clinic if they participate in the Presumptive Eligibility program, which provides free prenatal care to uninsured low-income pregnant women. You may also locate a Presumptive Eligibility provider in your area by calling your local County Health Department.