MEDI-CAL
INFORMING NOTICE
INTERCOUNTY TRANSFER—
SENDING COUNTY

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

You told us you were moving/moved to _____ County. Therefore, handling of your Medi-Cal case will be transferred to _____ County.

You do not have to fill out a new application and your Medi-Cal benefits will not stop during your transfer to your new county of residence. If you have any questions regarding your Medi-Cal benefits during the transfer to the new county or you decided not to move, please call the worker and telephone number listed in this notice.

- You will get another notice from the new county telling you about your new case number, worker's name, telephone number, office location and hours.
- You must report within ten days changes that could affect your eligibility such as changes in your income, employment, property, medical condition, or household situations.

If you get health and dental services from a health plan, you should also contact your health plan membership services and report your move out of this county. You may be required to enroll in a plan in the new county. You will get notice about what kinds of plans there are. Until you are enrolled in a new plan in the new county, your old plan will only pay for emergency, family planning, and sexually transmitted disease (STD) services.

If you need help with getting health care services in the new county because you are still enrolled in another health plan that does not provide services in the county where you now live, you may call the Medi-Cal Managed Care, Office of the Ombudsman, at 1-888-452-8609 for urgent disenrollment assistance.

If you want a non-urgent disenrollment from your health plan or to enroll in a health plan in the new county, please call Health Care Options at 1-800-430-4263.

You can continue to use the plastic Benefits Identification Card (BIC) you have now in your new county of residence. Always show your BIC to your medical provider whenever you need care. This card is good in the State of California as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR BIC.

The regulations that require this action are California Code of Regulations, Title 22, Sections 50120 and 50136(a)(2).

MEDI-CAL
NOTICE OF ACTION
INTERCOUNTY TRANSFER—
RECEIVING COUNTY

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

This letter has your new case number, worker's name, telephone number, and office hours. Please refer to this letter when you contact us.

_____ County has transferred your Medi-Cal case record to our county. You will continue to get the Medi-Cal benefits listed below:

☐ Full benefits with no share-of-cost for _____.

☐ Full benefits with share-of-cost in the amount of $ _____ for _____.
Full benefits with share-of-cost in the amount of $ _____ for _____.
Full benefits with share-of-cost in the amount of $ _____ for _____.

☐ Emergency and pregnancy-related services for _____.
☐ Emergency and pregnancy-related services with share-of-cost in the amount of $ _____ for _____.

☐ Restricted services for _____.
☐ Restricted services with share-of-cost in the amount of $ _____ for _____.

☐ Other: _____.

- You must report within ten days changes that could affect your eligibility such as changes in your income, employment, property, medical condition, or household situations.

- You must complete the form for your Medi-Cal annual review when it is sent to you.

Always show your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR BIC.

The regulations that require this action are California Code of Regulations, Title 22, Sections 50120 and 50136(a)(2).

PLEASE READ THE BACK FOR YOUR HEARING RIGHTS AND OTHER IMPORTANT INFORMATION.

NOTIFICACIÓN DE INFORMACIÓN DE MEDI-CAL

TRANSFERENCIA ENTRE CONDADOS—CONDADO QUE ENVÍA

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

Usted nos informó que se mudaría/mudó al Condado de _____. Por lo tanto, el manejo de su caso de Medi-Cal se transferirá al Condado de _____.

Usted no tiene que llenar una nueva solicitud, y sus beneficios de Medi-Cal no pararán, durante su transferencia a su nuevo condado de residencia. Si usted tiene alguna pregunta con respecto a sus beneficios de Medi-Cal, durante la transferencia al nuevo condado, o si usted decide no mudarse, por favor llame al/a la trabajador(a), al número de teléfono que se indica en esta notificación.

- Usted recibirá otra notificación del nuevo condado, informándole sobre su nuevo número del caso, nombre, número de teléfono, ubicación de la oficina y horario del/de la trabajador(a).
- Usted tiene que reportar, en un plazo de diez días, los cambios que podrían afectar su elegibilidad, como por ejemplo cambios en sus ingresos, empleo, bienes, condición médica o situaciones en el hogar.

Si usted recibe servicios médicos y dentales de un plan médico, usted también debe comunicarse con el departamento de servicios de inscripción de su plan médico, y reportar que usted se mudó de este condado. Es posible que se le requiera inscribirse en un plan en el nuevo condado. A usted se le informará las clases de planes que hay. Hasta que usted se inscriba en un nuevo plan, en el nuevo condado, su plan anterior solamente pagará servicios de emergencia, de planificación familiar y de enfermeades que se transmiten sexualmente (STD).

Si usted necesita ayuda para obtener servicios de atención médica en el nuevo condado, debido a que usted aún está inscrito(a) en otro plan médico que no proporciona servicios en el condado en donde usted vive ahora, usted puede llamar a la Oficina del Defensor del Pueblo, para la Atención Administrada de Medi-Cal, al 1-888-452-8609, para recibir ayuda urgente para la cancelación de su inscripción.

Si usted desea cancelar su inscripción de su plan médico, que no sea urgente, o inscribirse en un plan médico en el nuevo condado, por favor llame a la oficina sobre Opciones de Atención Médica, al 1-800-430-4263.

Usted puede continuar utilizando la Tarjeta de Identificación de Beneficios *(BIC)*, que usted tiene ahora, en su nuevo condado de residencia. Siempre muestre su *BIC* a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida en el Estado de California, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU *BIC*.

Las regulaciones que exigen esta acción son las Secciones 50120 y 50136(a)(2), del Título 22, del Código de Regulaciones de California.

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

TRANSFERENCIA ENTRE CONDADOS— CONDADO QUE RECIBE

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del la trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

Esta carta tiene su nuevo número del caso, nombre, número de teléfono y horas hábiles del/de la trabajador(a). Por favor, refiérase a esta carta cuando se comunique con nosotros.

El Condado de_____ ha transferido su expediente del caso de Medi-Cal a nuestro condado. Usted continuará recibiendo los beneficios de Medi-Cal, que se enumeran enseguida:

☐ Beneficios completos, sin una parte del costo para _____.

☐ Beneficios completos, con una parte del costo por la cantidad de $ _____ para _____.
Beneficios completos, con una parte del costo por la cantidad de $ _____ para _____.
Beneficios completos, con una parte del costo por la cantidad de $ _____ para _____.

☐ Servicios de emergencia y relacionados con el embarazo para _____.
☐ Servicios de emergencia y relacionados con el embarazo, con una parte del costo por la cantidad de $_____para _____.

☐ Servicios limitados para _____.
☐ Servicios limitados, con una parte del costo, por la cantidad de $_____ para _____.

☐ Otros: _____.

- Usted tiene que reportar, en un plazo de diez días, los cambios que podrían afectar su elegibilidad, como por ejemplo cambios en sus ingresos, empleo, bienes, condición médica o situaciones en el hogar.

- Usted tiene que completar el formulario para su evaluación anual de Medi-Cal, cuando ésta se le envíe.

Siempre muestre su Tarjeta de Identificación de Beneficios *(BIC)* a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU *BIC*.

Las regulaciones que exigen esta acción son las Secciones 50120 y 50136(a)(2), del Título 22, del Código de Regulaciones de California.

POR FAVOR, LEA EL REVERSO PARA SUS DERECHOS DE AUDIENCIA Y OTRA INFORMACIÓN IMPORTANTE.

NOTIFICATION OF MEDI-CAL INTERCOUNTY TRANSFER

Instructions: Complete each space or box. If information does not pertain to this case, indicate with N/A.

Receiving county name and address	Sending county name and address

Case Name/Beneficiary Information

Case name		Phone number ( )	Alternate phone number ( )
Address (number, street)		City	ZIP code
Authorized representative (AR) ☐ Yes ☐ No	AR name	AR phone number ( )	Beneficiary's primary language

Receiving county follow-up on changes related to intercounty transfer

Name	Aid Code	Income/How Often Received	Share-of-Cost (SOC)

Other Case Information

- ☐ CE for: _____
- ☐ CEC for: _____
- CEC period: _____
- ☐ TMC period: _____
- ☐ Annual redetermination due date: _____
- ☐ LTC period of ineligibility: _____
- ☐ Court case: _____
- ☐ Other: _____

Documents in Transfer Packet

- ☐ Statement of Facts and applicable supplements/MC 210 RV
- ☐ Social security card(s)
- ☐ Identifications
- ☐ Case narrative
- ☐ Budget work sheets for MFBU/MBU
- ☐ Computer generated case documents
- ☐ Last NOAs for share-of-cost
- ☐ Income verifications
- ☐ Other Health Coverage Information (DHS 6155)
- ☐ Pregnancy verification for: _____
- ☐ Primary wage earner: _____
- ☐ MC 13s and Proof of Alien Status for: _____
- ☐ Property verifications or MC 176 P
- ☐ Family Support Information (CW 2.1s)
- ☐ Authorized Representative Form/Letter
- ☐ DAPD Decision/Incapacity Verification for: _____
- ☐ Other(s) (list): _____

Sending County Worker Information

Worker name		Worker number	Date ICT packet sent
Phone number ( )	Fax number ( )	E-mail address	

Inter-County Transfer (ICT) Coordinators List

1 ALAMEDA

- Central Index ..... (510) 268-2981

CalWorks

- Andrea Ford ..... (510) 259-3886
  FAX ..... (510) 259-3890

Alameda County, Department of Workforce and Human Services, 24100 Amador St., 6th Floor, Hayward, CA 94544

Medi-Cal

- Joyce Cooper ..... (510) 267-9432
  FAX ..... (510) 267-9468

Alameda County, Social Services Agency, Department of Welfare to Work, 1106 Madison St., 4th Floor, Oakland, CA 94607

Welfare to Work

- Charles Schwab ..... (510) 259-3877
  FAX ..... (510) 259-3880

Alameda County, Department of Workforce and Human Services, 24100 Amador St., 6th Floor, Hayward, CA 94544

Foster Care

- Marilyn Todd ..... (510) 268-2204

Alameda County, Social Services Agency, Foster Care Section – J330, P.O. Box 12881, Oakland, CA 94604-2881

2 ALPINE

CalWORKs/Medi-Cal/Foster Care

- Regina Britschgi ..... (530) 694-2235

Welfare to Work

- Joanne Morello ..... (530) 694-2235
  FAX ..... (530) 694-2252

Alpine County, Department of Social Services, 75 A Diamond Valley Road, Markleeville, CA 96120

3 AMADOR

CalWORKS/Medi-Cal

- Barbara Hale ..... (209) 223-6621
  FAX ..... (209) 223-6208

Welfare to Work

- Steve Baber ..... (209) 223-6550

Amador County, Department of Social Services, 1003 Broadway, Jackson, CA 95642

4 BUTTE

CalWORKs

- Mimi Rogers ..... (530) 538-3720

Medi-Cal

- Art Sanderson ..... (530) 879-3528

Butte County, Department of Employment and Social Services, P.O. Box 1649, Oroville, CA 95965

5 CALAVERAS

CalWORKs

- Anne Carder ..... (209) 754-6440

Medi-Cal

- Connie McLain ..... (209) 754-6447
  FAX ..... (209) 754-6543

Welfare to Work

- Mary Antus ..... (209) 754-6424
  FAX ..... (209) 754-0465

Foster Care

- Stephanie Kearny ..... (209) 754-6812
  FAX ..... (209) 754-6543

Calaveras County, Calaveras Works and Human Services, 891 Mountain Ranch Road, San Andreas, CA 95249

6 COLUSA

CalWORKs

- Nancy Montgomery ..... (530) 458-0265

Medi-Cal

- Hilda Aguayo ..... (530) 458-0262
  FAX ..... (530) 458-0492

Colusa County, Department of Human & Health Services, P.O. Box 370, Colusa, CA 95932

7 CONTRA COSTA

CalWORKs/Medi-Cal

- Kenya Taylor ..... (510) 262-7711
  FAX ..... (510) 262-8545

Foster Care

- Donna Harbaugh ..... (925) 335-7151
  FAX ..... (925) 335-7167

Contra Costa County, Employment & Human Services Dept., 40 Douglas Drive, Martinez, CA 94553

8 DEL NORTE

CalWORKs

- Terile Keevil ..... (707) 464-3191

Medi-Cal

- Carmen Chavez ..... (707) 464-3191

Welfare to Work

- Sally Smart (707) 464-3191
  FAX ..... (707) 465-1783

Del Norte County, Department of Health & Social Serv., 880 Northcrest Drive, Crescent City, CA 95531

9 EL DORADO

CalWORKs/Medi-Cal

- Edward Zylman ..... (530) 642-7277
  FAX ..... (530) 626-9060

El Dorado County, Department of Social Services, 3057 Briw Road, Placerville, CA 95667

10 FRESNO

CalWORKS ICT – Incoming

- Genevieve Vasquez ..... (559) 456-7537
  FAX ..... (559) 456-7448

CalWORKs ICT – Outgoing

- Pete Martinez ..... (559) 453-6537
  FAX ..... (559) 453-8507

Medi-Cal ICT - Incoming

- Jennie Phan ..... (559) 456-7417

Medi-Cal ICT – Outgoing

- Maria Guerra ..... (559) 453-3944

Welfare to Work

- Jose Luis Gonzales ..... (559) 453-6130
  FAX ..... (559) 453-4745

Fresno County, Employment and Temporary Assistance, P.O. Box 1912, Fresno, CA 93750-0001

11 GLENN

CalWORKs/Medi-Cal

- Becky Hanson ..... (530) 934-6514
- Loretta Kjer ..... (530) 934-6514
  FAX ..... (530) 934-6521

Welfare to Work

- Robyn Zimmer ..... (530) 934-6510

Glenn County, Human Resources Agency, P.O. Box 611, Willows, CA 95988

12 HUMBOLDT

CalWORKs

- Bill Linn ..... (707) 268-3442

Medi-Cal

- Kathy Cauble ..... (707) 268-2787
  FAX ..... (707) 445-6096

Humboldt County, Department of Social Services, 929 Koster Street, Eureka, CA 95503

13 IMPERIAL

CalWORKs

- Charles Fourong ..... (760) 337-6837

Medi-Cal

- Carmen M. Encinas ..... (760) 337-7420
- Dora Juslin ..... (760) 337-7429
  FAX ..... (760) 370-0492

Imperial County, Department of Social Services, 2995 S. 4th Street, Ste. 105, El Centro, CA 92243

14 INYO

CalWORKs

- Sheri Snyder ..... (760) 872-1394

Medi-Cal

- Sheri Snyder ..... (760) 872-1394
  FAX ..... (760) 872-4950

Inyo County, Dept. of Health & Human Services, 912 North Main Street, Bishop, CA 93514

15 KERN

CalWORKs/Medi-Cal

Incoming ICT

- Beverly Hughes ..... (661) 631-6318
  FAX ..... (661) 631-6573

CalWORKs/Outgoing

- Liane Strong ..... (661) 631-6800

Medi-Cal/ Outgoing

- Deana Baird ..... (661) 631-6484
  FAX ..... (661) 631-6562

Kern County, Department of Human Services, P.O. Box 511, Bakersfield, CA 93302

16 KINGS

CalWORKs/Medi-Cal

- Sandra Jackson-Bobo ..... (559) 582-3241 x4280
  FAX ..... (559) 585-0346

Welfare to Work

- John Semas ..... (559) 582-3241 x2270
  FAX ..... (559) 585-8046

Kings County, Human Services Agency, 1200 South Drive, Hanford, CA 93230

17 LAKE

CalWORKs/Medi-Cal

- Peggy Anderson ..... (707) 995-4222
  FAX (Eligibility) ..... (707) 995-4204

Foster Care

- Kari Vandrick ..... (707) 995-4208

Lake County, Department of Social Services, P.O. Box 9000, Lower Lake, CA 95457
or
15975 Anderson Ranch Parkway, Lower Lake, CA 95457

18 LASSEN

CalWORKs

- Gwen Mears ..... (530) 251-8152

Medi-Cal

- Mary Polley ..... (530) 251-8182
  FAX ..... (530) 251-8370

Lassen County, Health & Human Services Dept., P.O. Box 1359, 720 Richmond Road, Susanville, CA 96130

19 LOS ANGELES

- Case Inquiry ..... (213) 639-6300

CalWORKs

- Sherri Cheatham ..... (562) 908-6353

Medi-Cal

- Carol Roach ..... (562) 908-3528
  FAX ..... (562) 908-0593

Los Angeles County, Department of Public Social Services, Attn: ICT Unit, 12860 Crossroads Parkway South, City of Industry, CA 91746

Foster Care

- Chris Campos ..... (626) 858-1519
  FAX ..... (626) 332-8637

Foster Care Mailing Address

Dept. of Children & Family Services, Revenue Enhancement-Special Oper., 800 South Barranca Avenue
Covina, CA 91723, Attn: FC/AAP HOTLINE

20 MADERA

CalWORKs/Medi-Cal

- Mary Stanley ..... (559) 675-2448
- Margot Simons ..... (559) 675-2414
  FAX ..... (559) 675-7603

Welfare to Work

- Marion Brawley ..... (559) 662-8367
  FAX ..... (559) 675-7983

Madera County, Department of Social Services, P.O. Box 569, Madera, CA 93639

21 MARIN

CalWORKs

- Pat McCormack ..... (415) 499-7433

Medi-Cal

- Pat McCormack ..... (415) 499-7433
  FAX ..... (415) 499-3790

Marin County, Department of Health & Human Serv., P.O. Box 4160, San Rafael, CA 94913

22 MARIPOSA

CalWORKs/Medi-Cal

- Debbie Smith ..... (209) 966-3609
  FAX ..... (209) 966-5943

Welfare to Work

- Nancy Bell ..... (209) 966-3609
  FAX ..... (209) 966-5943

Mariposa County, Department of Human Services. P.O. Box 7, Mariposa, CA 95338

23 MENDOCINO

CalWORKs - Fort Bragg Office

- Jan Kurtyka ..... (707) 962-1077

Medi-Cal

- Nancy Naumann ..... (707) 463-7828
  FAX ..... (707) 463-7859

Mendocino County, Department of Social Services, P.O. Box 8508, 737 South State Street, Ukiah, CA 95482

24 MERCED

CalWORKs

- Sherry Lopez ..... (209) 385-3000 x5219

Medi-Cal

- Vicki Lopes ..... (209) 385-3000 x5491
  FAX ..... (209) 383-6925

Merced County, Human Services Agency, P.O. Box 112, Merced, CA 95341-0112

25 MODOC

CalWORKs/Medi-Cal

- Pat Wood ..... (530) 233-6504 x 504
  FAX ..... (530) 233-2136

Welfare to Work

- Diane Fogle ..... (530) 233-6428
  FAX (530) 233-6240

Modoc County. Department of Social Services, 120 North Main Street, Alturas, CA 96101

26 MONO

CalWORKs

- Francie Avitia ..... (800) 521-6678

Medi-Cal

- Julie Timmerman ..... (760) 934-3411
  FAX ..... (760) 924-5431

Welfare to Work

- Phil Hartz ..... (800) 521-6678
  FAX ..... (760) 934-5142

Mono County, Department of Social Services, P.O. Box 2969, Mammoth Lakes, CA 93546

27 MONTEREY

CalWORKs

- Star Howard ..... (831) 755-4406
  FAX ..... (831) 755-8408

Medi-Cal

- Yvette Grimes ..... (831) 755-4407
  FAX ..... (831) 755-8408

Welfare to Work

- Diana Jimenez ..... (831) 755-4457
  FAX ..... (831) 755-8408

Monterey County, Department of Social Services, 1000 South Main Street, Ste. 208, Salinas, CA 93901

28 NAPA

CalWORKs

- Teresa Zimny ..... (707) 253-4697
  FAX ..... (707) 253-6095

Medi-Cal

- Kim Huerta ..... (707) 253-4177
  FAX ..... (707) 253-6095

Napa County, Health & Human Services Agency, 2261 Elm Street, Napa, CA 94559

29 NEVADA

CalWORKs/Medi-Cal

- Pamela Carlson ..... (530) 265-1629
  FAX ..... (530) 265-7062

Nevada County, Human Services Agency, Dept. of Adult & Family Services, P.O. Box 1210, Nevada City, CA 95959

30 ORANGE

CalWORKs/Medi-Cal/Foster Care/Welfare to Work

- Ruth Daniel ..... (714) 825-3280
  FAX ..... (714) 825-3275

Orange County, Social Services Agency, P.O. Box 25196, Santa Ana, CA 92799-5196

31 PLACER

CalWORKs

- Brenda Green ..... (916) 784-6034
  FAX ..... (916) 784-6100

Medi-Cal

- Jane Christensen ..... (530) 889-7195
  FAX ..... (530) 889-6826

Placer County, Department of Health & Human Services, 11519 "B" Avenue, Auburn, CA 95603

32 PLUMAS

CalWORKs/Welfare to Work

- Susan Rhodes ..... (530) 283-6276

Medi-Cal/Foster Care

- Virginia Ekonen ..... (530) 283-6441
  FAX ..... (530) 283-6368

Plumas County, Department of Social Services, 270 County Hospital Road, Room 207, Quincy, CA 95971

33 RIVERSIDE

CalWORKs/Welfare to Work

- Carol Spooner ..... (909) 358-3369
  Audrey Escarzaga ..... (909) 358-4070

Medi-Cal

- Susan de Jonckheere ..... (909) 358-3992
  Susan Jeffries (909) 358-3042
  FAX ..... (909) 358-3990

CalWORKs/Medi-Cal Mailing Address

Riverside County, Department of Public Social Services, 4260 Tequesquite Avenue, Riverside, CA 92501

Welfare to Work Mailing Address

Riverside County, Department of Public Social Services, 1020 Iowa Avenue, Riverside, CA 92507

Foster Care

- Susan Duble ..... (909) 358-3532

Foster Care Mailing Address

Riverside County, Foster Care ICT Coordinator, 10769 Hole Avenue, Riverside, CA 92503

34 SACRAMENTO

CalWORKs

- Eloween Ivey ..... (916) 875-3579

Medi-Cal

- Jennifer Sipe ..... (916) 875-3731

Foster Care

- Grady Young ..... (916) 875-6390

Sacramento County, Department of Human Assistance, P.O. Box 2448, Sacramento, CA 95812

35 SAN BENITO

CalWORKs

- Pat Estrada ..... (831) 636-4180

Medi-Cal

- Alma Villasana ..... (831) 636-4180

Foster Care

- Karen Shurden ..... (831) 636-4180

Welfare to Work

- Sheri Pieper ..... (831) 636-4196

San Benito County, Health & Human Services, 1111 San Felipe Road, Ste. 206, Hollister, CA 95023

36 SAN BERNARDINO

- Central Index ..... (909) 386-9504

CalWORKs

- Judy Varela ..... (909) 383-9705
- Karol Hamman ..... (909) 383-9710

Medi-Cal

- Candice Karpinen ..... (909) 383-9859
- Elisa Miller ..... (909) 383-9660
- Raquel Raden ..... (909) 383-9778
  FAX ..... (909) 383-9714

San Bernardino County, Human Services System, Temporary Assistance Dept., ICTs, 494 North "E" Street, San Bernardino, CA 92415-0080

37 SAN DIEGO

CalWORKs/Medi-Cal

- Terri McGregor ..... (858) 514-6920
  FAX ..... (858) 514-6760

San Diego County, Health & Human Services Agency, 4990 View Ridge Avenue, San Diego, CA 92123

Foster Care

- Irene Flores ..... (858) 495-5448
  FAX ..... (858) 495-5749

Health & Human Services Agency, Family Resource Center, 5201 Ruffin Road, Ste. K, San Diego, CA 92123

38 SAN FRANCISCO

CalWORKs

- Ana Villalpando ..... (415) 557-5906
  FAX ..... (415) 557-6314

Medi-Cal

- Mercy Gaine ..... (415) 557-1927
  FAX ..... (415) 558-1977

San Francisco County, Department of Human Services, P.O. Box 7988, San Francisco, CA 94120

39 SAN JOAQUIN

CalWORKs/Medi-Cal

- Sunday Smith (ICT Incoming) ..... (209) 468-1773
- Rod Gaede (ICT Outgoing) ..... (209) 468-1453
  FAX ..... (209) 468-1968

San Joaquin County, Human Services Agency, P.O. Box 201056, Stockton, CA 95201-3006

40 SAN LUIS OBISPO

CalWORKs

- Trish Avery ..... (805) 781-1970

Medi-Cal

- Christina Chow ..... (805) 781-1897
  FAX ..... (805) 781-1846

San Luis Obispo County, Department of Social Services, P.O. Box 8119, San Luis Obispo, CA 93403-8119

41 SAN MATEO

- Central Index ..... (650) 595-7602

CalWORKs

- John Baarts ..... (650) 595-7500

Medi-Cal

- Lorena Gonzalez ..... (650) 595-7570
  FAX ..... (650) 595-7576

San Mateo County, Human Services Agency, 400 Harbor Blvd., Bldg. C, Belmont, CA 94002

42 SANTA BARBARA

CalWORKs

- Matilde Ulrich ..... (805) 882-3684

Medi-Cal

- Ernie Banos ..... (805) 681-4530
  FAX: ..... (805) 681-4402

Welfare to Work

- Kelly Arredondo ..... (805) 614-1378

Foster Care (ICT)

- Jan Stricklin ..... (805) 737-7057

Santa Barbara County, Department of Social Services, 234 Camino Del Remedio, Santa Barbara, CA 93110-1369

43 SANTA CLARA

CalWORKs

- Rita Carvalho ..... (408) 491-6700

Refugees

- Fran Valdez ..... (408) 491-6700

Medi-Cal

- Alice Turney (Not LTC) ..... (408) 491-6700
- Guillermo Caceres (LTC Only) ..... (408) 491-6700
  FAX: ..... (408) 975-4530

Santa Clara County, Social Services Agency, Attn: ICT Clerk, 1919 Senter Road, San Jose, CA 95112

Employment Services

- Rafaela Perez ..... (408) 491-6700

CalWORKs Employment Services, Santa Clara County, Social Services Agency, 1888 Senter Road, San Jose, CA 95112

Foster Care

- Yolanda Martinez ..... (408) 491-6700

Santa Clara County, Social Services Agency, Attn: PAC Office, 373 W. Julian St., Bldg. 2, San Jose, CA 95110

44 SANTA CRUZ

CalWORKs

- Brenda Lane ..... (831) 763-8771 or (831) 454-5401
  FAX ..... (831) 763-8789 or (831) 454-4651

Medi-Cal

- Adella Ruvalcaba ..... (831) 763-8508
  FAX ..... (831) 763-8530

Welfare to Work

- Carol Walberg ..... (831) 454-4378
  FAX ..... (831) 454-4651

Foster Care

- Nan Toy ..... (831) 454-4378
  FAX ..... (831) 454-4717

Santa Cruz County, Human Resources Agency, P.O. Box 1320, Santa Cruz, CA 95060

45 SHASTA

CalWORKs

- Jeanette Trusty ..... (530) 225-5523
  FAX ..... (530) 225-3790

Medi-Cal

- Janet Wright ..... (530) 245-6464
  FAX ..... (530) 225-5288

Welfare to Work

- Jari Myers ..... (530) 225-5208
  FAX ..... (530) 225-3790

Foster Care

- Susan Hovator ..... (530) 225-5868
  FAX ..... (209) 225-5190

Shasta County, Department of Social Services, P.O. Box 496005, Redding, CA 96049-6005

46 SIERRA

CalWORKs/Medi-Cal

- Lori Wright ..... (530) 993-6720 x725
  FAX ..... (530) 993-6767

Sierra County, Human Services Department, P.O. Box 1019, Loyalton, CA 96118

47 SISKIYOU

- Main Number ..... (530) 841-2700

CalWORKs

- Bill Wallis ..... (530) 841-2755

Medi-Cal

- Gail Taylor ..... (530) 841-2754

Welfare to Work

- Nadine Della Bitta ..... (530) 841-2750
  FAX ..... (530) 841-2790

CalWORKs/Medi-Cal/Welfare to Work

Siskiyou County, Human Services, 818 S. Main Street, Yreka, CA 96097

Foster Care

- Judy Growney ..... (530) 841-4218
  FAX ..... (530) 842-6277

Siskiyou County, Human Services/Social Services Division, 490 S. Broadway, Yreka, CA 96097

48 SOLANO

CalWORKs

- Veata Anderson ..... (707) 553-5407

Medi-Cal

- Diana Perez ..... (707) 784-8715
  FAX ..... (707) 432-3548

Solano County, Health & Social Services Department, P.O. Box 12000, Vallejo, CA 94590-9000

49 SONOMA

CalWORKs

- Elia Perez ..... (707) 565-2823

Medi-Cal

- Kim Seamans ..... (707) 565-5304

Foster Care

- Evelyn DeMartini ..... (707) 565-4348
  FAX ..... (707) 565-4399

Sonoma County, Human Services Department, Intake Support Transfer Clerk, P.O. Box 1539, Santa Rosa, CA 95402-1539

50 STANISLAUS

CalWORKs

- Susan List ..... (209) 558-2680

Medi-Cal

- Meribeth Ruiz ..... (209) 558-2675

Welfare to Work

- Carol Wright ..... (209) 558-2863

Foster Care

- Rick Dunn ..... (209) 558-2694
  FAX ..... (209) 558-2558

Stanislaus County, Community Services Agency, P.O. Box 42, Modesto, CA 95353-0042

51 SUTTER

All Programs

- April James ..... (530) 822-7230 X222
  FAX ..... (530) 822-7212

Sutter County, Department of Human Services, P.O. Box 1535, Yuba City, CA 95992

Welfare to Work

FAX ..... (530) 822-7213

Sutter County, Department of Human Services, P.O. Box 1592, Yuba City, CA 95992

52 TEHAMA

- Main Index ..... (530) 527-1911

CalWORKs

- Marylee Renfree ..... (530) 528-4121

Welfare to Work

- Barbara Boggio ..... (530) 528-4021

Medi-Cal

- Sue Proctor ..... (530) 528-4095
  FAX ..... (530) 527-5410

Tehama County, Department of Social Services, P.O. Box 1515, Red Bluff, CA 96080

53 TRINITY

CalWORKs

- Michael Cottone ..... (530) 623-8237

Medi-Cal

- Marilyn Blackburn ..... (530) 623-1265
  FAX ..... (530) 623-1250

Trinity County, Dept. of Health & Human Services, P.O. Box 1470, Weaverville, CA 96093

54 TULARE

CalWORKs

- Lori Lady ..... (559) 737-4660 X2108

Medi-Cal

- Alex Cantu ..... (559) 737-4660 X2106
  FAX ..... (559) 733-4694

Tulare County, Health & Human Services Agency, P.O. Box 671, Visalia, CA 93279

55 TUOLUMNE

CalWORKs

- Vicki Brown ..... (209) 533-5753

Medi-Cal

- Rebecca Espino ..... (209) 533-5746
  FAX ..... (209) 533-5714

Tuolumne County, Social Services Agency, 20075 Cedar Road North, Sonora, CA 95370

56 VENTURA

CalWORKs

- Rosie Magallanes ..... (805) 652-7612

Medi-Cal

- Jean Bridges ..... (805) 652-7661

ICT Clerk

- Jane Gilbert ..... (805) 652-7664
  FAX ..... (805) 652-7571

Ventura County, Human Services Agency, 505 Poli Street, Ventura, CA 93001

57 YOLO

CalWORKs

- James McMahon ..... (916) 375-6200 x6215
  FAX ..... (916) 375-6310

Medi-Cal

- Esther Vasquez ..... (530) 661-2771
  FAX ..... (530) 661-2658

Yolo County, Department of Employment and Social Services, 25 Cottonwood Street, Woodland, CA 95695

Welfare to Work

- Jan Wolff ..... (916) 375-6291
  FAX ..... (916) 375-6310

500-A Jefferson Blvd., West Sacramento, CA 95605

58 YUBA

CalWORKs

- Iris Robinson ..... (530) 749-6206

Welfare to Work

- Pam Castillo ..... (530) 749-6380

Medi-Cal

- Joanne McNamara ..... (530) 749-6475
- Erma Thurman ..... (530) 749-6356

Yuba County, Human Services Agency, P.O. Box 2320, Marysville, CA 95901