

State of California—Health and Human Services Agency
Department of Health Services



California
Department of
Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.
Director



GRAY DAVIS
Governor

ACT NOW TO COMPLETE THE ENCLOSED APPLICATION!

Welcome to the Medi-Cal and Healthy Families **temporary** enrollment program. It is very important that you fill out and return the enclosed application as soon as possible in order to continue your health, dental and vision coverage.

- You can get free help in filling out the application by calling 1-800-880-5305 between the hours of 8 a.m. and 8 p.m., Monday through Friday. On Saturday you can call between 8 a.m. to 5 p.m. There is no charge for calling this number. **When you call this number, you can get the help you need to fill out the application. All help is free.**
- You are receiving this application packet because your child recently got health care through the Child Health and Disability Prevention (CHDP) Gateway program and because you chose to apply for the Medi-Cal or Healthy Families program.
- The application you are getting is used for both the Medi-Cal and the Healthy Families program. You do not need to go to any offices to apply. Just fill out the application and mail it in the enclosed postage-paid envelope.
- When we get your application, we will decide whether your child or children qualify for Medi-Cal or Healthy Families.

Act now to fill out the application. When you are ready to mail in the application, please remember to include copies of all required documents as noted on page 6 of the application.

Thank you for your interest in the Medi-Cal and Healthy Families programs.

Remember: Your child is only temporarily enrolled in the Medi-Cal program. Send in your application as soon as possible to continue getting quality health, dental and vision coverage for your child.



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

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Date

Name

Address

City, State, Zip

IMPORTANT REMINDER NOTICE!

You must ACT NOW. Your temporary Medi-Cal benefits will end on XX/XX/XX. If you want to continue getting complete health, dental and vision coverage, send us your completed application before the end of this month.

If you have any questions about filling out your application, or if you need help with it, you may call 1-800-880-5305 and ask for the name of a Certified Application Assistant in your area. **This phone call and all help is free.**

If you do not fill out and send in an application, your child or children will lose their **temporary** Medi-Cal health, dental and vision services through the CHDP Gateway program on XX/XX/XX.

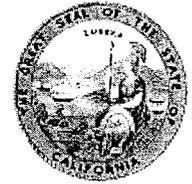
We must get your application for Medi-Cal or Healthy Families before the end of this month if you want to continue getting health, dental and vision coverage for your children.

If you have lost your application, and would like another one, please call 1-800-880-5305.



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Dear Applicant:

We have received your application for the Medi-Cal or Healthy Families program. Your child is now getting full Medi-Cal benefits that will last until the county finishes processing your application.

You may continue to use your Medi-Cal card for health, dental and vision services until you get a letter that says that your benefits have ended. If the county needs more information, you must give it to them or your benefits will end. You will be notified when the review has been finished.

Spanish

Vietnamese

Cambodian

Hmong

Lao

Armenian

Cantonese

Korean

Russian

Farsi



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