

## ATTACHMENT A

### PROTOTYPE MEMORANDUM OF UNDERSTANDING NATIONAL SCHOOL LUNCH PROGRAM INFORMATION SHARING AGREEMENT

#### I. PURPOSE AND SCOPE

Whereas the school within the school district that enters into this Memorandum of Understanding (MOU) has chosen to act as a qualified entity for the purposes of making a determination of presumptive Medi-Cal eligibility based on information in the National School Lunch Program (NSLP) application as referenced in Attachments A and B, this MOU shall set forth the roles and responsibilities of each agency and the process to be used in sharing the information on the NSLP application.

#### II. AUTHORITY

Education Code section 49557.2(b)(1) provides that the school districts or county superintendent may implement a process to share information that is provided on the NSLP application with the local agency that determines eligibility under the Medi-Cal program if the applicant consents to that sharing of information. Each school district or county superintendent that chooses to share the information on the NSLP application shall enter into a Memorandum of Understanding with the local agency that determines Medi-Cal eligibility that sets forth the roles and responsibilities of each agency and the process to be used in the sharing of information.

#### III. ROLES AND RESPONSIBILITIES

In conjunction with the activities described in Attachment B, (Insert Name of School District or County Superintendent) will:

Use a modified NSLP application that includes; the child's birth date, the child's income, the relationship to the child of all household members, the income and family size of Food Stamps and Food Distribution Program on Indian Reservation (FDPIR) recipients, signature line for the signed consent to the sharing of information and signature under penalty of perjury statement.

Inform the parents/guardians of NSLP applicants about disclosures and uses of information on the NSLP application for the purpose of making a Medi-Cal determination.

Provide the parents/guardians of NSLP applicants with an opportunity to choose whether or not information on the NSLP application may also be used to initiate the Medi-Cal eligibility process described in Welfare and Institutions Code section 14005.41.

For the purpose of making a Medi-Cal determination, disclose eligibility information on the NSLP application only to the local agency that determines Medi-Cal eligibility.

In regard to applicants who have consented to the sharing of information on the NSLP application with the local agency that determines Medi-Cal:

Within five working days after making the determination described in Attachment B, the school district shall forward the results of that determination along with the information on the NSLP application to the local agency that determines Medi-Cal.

Additional responsibilities of (Insert the name of the School District or County Superintendent) are as follows:

(LEAVE BLANK OR INSERT LINES)

(Insert Name of County Agency) will:

Ensure that only the the local agency that determines Medi-Cal eligibility and persons who are directly connected with the administration or enforcement of the Medi-Cal program and whose job responsibilities require use of the eligibility information will have access to children's NSLP application eligibility information.

Use information on the NSLP application for the specific purpose of making an eligibility determination for the Medi-Cal program and only to the extent that the information is necessary for the administration of the Medi-Cal program.

Ensure that no disclosure shall be made except for the purposes related to the administration of the Medi-Cal program and under circumstances designed to prevent unauthorized disclosure or use other than for such purposes. The penalties for unauthorized disclosure of information on the NSLP application are described in Section VI.

#### IV. PROCESSES

(Insert the name of the School District or County Superintendent) will use the following procedures to transfer information on the NSLP application to the local agency determining Medi-Cal eligibility. (Examples include methodology, frequency of mailings, contact staff at the school district level and the county level, etc.)

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(Insert name of the County Agency) will use the following procedures when receiving information on the NSLP application from the school district or county superintendent.

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V. EFFECTIVE DATES

This agreement shall be effective from \_\_\_\_\_ to \_\_\_\_\_

VI. PENALTIES

The parties acknowledge that unauthorized use of information on the NSLP application may result in civil and criminal penalties under federal and state law, including such penalties as described at 42 United States Code section 1758(b)(2)(C)(iii)(IV) and California's Welfare and Institutions Code section 14100.2.

VII. SIGNATURES

The parties identified below acknowledge that they have authority to enter into this Memorandum of Understanding and agree to its terms.

County Agency Program Administrator

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

School District Administrator

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## **MOU - Attachment A**

A notification is required by federal law, and requires that the determining entity send a notification.

Prototype Notice of Express Enrollment Determination:

Our school is part of the Express Enrollment Program. The program lets schools approve temporary no-cost health coverage for children who get free lunches. On \_\_\_\_\_ your child \_\_\_\_\_ was:

**Approved to get Express Enrollment no-cost Medi-Cal.**

If your child does not already have Medi-Cal or Healthy Families Program benefits and does not already have a California Benefits Identification Card (BIC), you will soon receive a BIC in the mail for your child. You can use the BIC to see a doctor. We will send the information you gave us on your School Meals application form to your county Medi-Cal office. Your child will keep getting no-cost Medi-Cal until your county worker can complete a review of the School Meals form and let you know what information is needed to continue Medi-Cal benefits.

To keep your child's Medi-Cal you must give the (County, worker) the information he or she needs to find out if your child is still eligible. If you do not give the worker this information, your child's temporary Medi-Cal will be stopped.

**Not approved to get Express Enrollment no-cost Medi-Cal because:**

**There was not enough information on the application**

**Your family's income was too high for Express Enrollment no-cost Medi-Cal**

Although your child will not be able to get Medi-Cal right away, we will send the information you gave us on the School Meals form to your county Medi-Cal office. The County worker will review the School Meals form and will let you know what information is needed to find out if your child is eligible for Medi-Cal.

## **MOU - Attachment B**

The Department of Health Services has requested modifications to the school lunch application to reflect the minimum information necessary for schools to make an Express Enrollment determination for the Medi-Cal program.

**Follow these steps to determine if the child applying through the NSLP application is eligible for Express Enrollment:**

**Step 1: Is the child eligible for free lunches?**

If yes, go to Step 2. If no, do not proceed.

**Step 2: Does the application have a parent's or caretaker's signed consent for Medi-Cal?**

If yes, go to Step 3. If no, do not proceed.

**Step 3: What is the family size?**

The application should include a column where the relationships of the household members to the child applicant will be identified. Identify the children and adults on the application that belong to the same family. For the purpose of Medi-Cal the following are considered family members of the child applicant.

His/her brothers/sisters and stepbrothers/sisters.  
 His/her parents and stepparents  
 His/her spouse

**Step 4: What is the applicant child's income, the income of the responsible parent(s) and/or of the spouse?**

A responsible parent is the birth or adoptive parent(s) who resides with the child. The income of siblings, step siblings or step parents is not counted. If the only income shown is that of other household members, total income will be \$0.

**Step 5: What is the child's age?**

Staff will determine whether the child is less than 1 year old, 1-5 or 6-18 years of age.

**Step 6: Is the child income eligible for Express Enrollment?**

Now that the family size and the countable income are known, look at the income chart below. Use the income limit chart based on the age of the child for whom Express Enrollment is being determined.

CHILDREN UP TO THESE INCOME LIMITS WILL RECEIVE EXPRESS ENROLLMENT Effective April 1 <sup>st</sup> , 2003			
Child's Age	6-18	1-5	<1
FPL Limits	100%	133%	200%
# of Persons	Monthly(\$)	Monthly (\$)	Monthly (\$)
1	749	996	1497
2	1010	1344	2020
3	1272	1692	2544
4	1534	2040	3067
5	1795	2388	3590
6	2057	2736	4114
7	2319	3084	4637
8	2580	3432	5160
9	2842	3780	5684
10	3104	4128	6207
For each addtn'l member add:	262	349	524

*(The income limits are updated by the federal government every year, effective April 1<sup>st</sup>. Please ensure that school staff use the appropriate tables.)*

**Step 7: I evaluated for Express Enrollment, now what do I do?**

- Express Enrollment Eligible: Notify the applicant of both the determination made and that the NSLP application is being forwarded to the county Medi-Cal office. Within five working days of the determination, transfer the information on the NSLP application to the local agency that determines Medi-Cal according to processes defined in the Memorandum of Understanding (MOU).
- Not Express Enrollment Eligible: Notify the applicant of both the reason for the determination and that the NSLP application is being forwarded to the county Medi-Cal office for a Medi-Cal determination. Within five working days of the determination, transfer the information on the NSLP application to the local agency that determines Medi-Cal according to processes defined in the MOU.
- Express Enrollment could not be determined: Notify the applicant of both the reason for the determination and that the NSLP application is being forwarded to the county Medi-Cal office for a Medi-Cal determination. Within five working days of the determination, transfer the information on the NSLP application to the local agency that determines Medi-Cal according to processes defined in the MOU.

**The following examples will help staff with computations for the purpose of Express Enrollment determination.**

**EXAMPLE #1:**

Applicant:	Sam Miller (age 5)	\$0
Mother:	Sandy Brown	\$650.00 per month
Sister:	Elsa Miller	\$50.00 per month
Step Brother:	Marvin Brown Jr.	\$0
Step Father:	Marvin Brown Sr.	\$450.00 per month

Since a Medi-Cal determination has been requested, school staff will count only the family members (and not other persons living in the house) to determine the size of the family (Sam, Sandy, Elsa, Marvin Jr. and Marvin Sr. = 5). School staff will count only the declared income of the applicant child and the responsible parent(s) (Sandy \$650.00). Here we have a family of 5 with a declared gross monthly income of \$650.00. Since the child for whom Medi-Cal has been requested is 5 years old, the income limit will be obtained from the corresponding age chart for a family of 5. Currently, for this family size, the income limit is \$2388.00. This child is Express Enrollment eligible. School staff will identify Express Enrollment eligibility and will forward the information to the county Medi-Cal office following the process outlined in the MOU.

**EXAMPLE #2:**

Applicant:	Marsha Moore (age 7)	\$0
Mother:	Carol Moore	\$1500.00 per month
Sister:	Cindy Moore	\$ 250.00 per month
Cousin:	Albert Connor	\$0
Aunt:	Mandy Connor	\$0

Since a Medi-Cal determination has been requested, school staff will count only the family members (and not other members living in the house) to determine the size of the family (Marsha, Carol and Cindy = 3) and will count only the declared income of the applicant child and the responsible parent(s) (Carol \$1500.00). Here we have a family of 3 with a declared gross monthly income of \$1500.00. Since the child for whom Medi-Cal has been requested is 7 years old, the income limit will be obtained from the corresponding age chart for a family of 3. Currently, for this family size, the income limit is \$1272.00. This child is not Express Enrollment eligible. School staff will identify no Express Enrollment eligibility and will forward the information to the county Medi-Cal office following the process outlined in the MOU.

**ATTACHMENT B**

**NATIONAL SCHOOL LUNCH PROGRAM COUNTY CONTACT LIST**

<b><u>California Department of Health Services</u></b>	
<b>Medi-Cal Eligibility Branch</b> 1501 Capitol Avenue P.O. Box 942732 Sacramento, CA 94234-7320	Tanya Homman, Policy Analyst thomman@dhs.ca.gov
<b>Alameda County</b> Ada Lillie, Staff Services Analyst Social Services Agency 1106 Madison St., Suite 307 Oakland, CA 94067 (510) 267-9428 fax alillie@co.alameda.ca.us	<b>Alpine County</b> Regina Britschgi, Eligibility Worker III Health and Human Services 75 A Diamond Valley Road Markleeville, CA 96120 (530) 694-2252 fax rbritschgi@isaws.cahwnet.gov
<b>Amador County</b> Margie Straus Department of Social Services 1003 Broadway Jackson, CA 95642 (209) 223-6208 fax mstrauss@co.amador.ca.us	<b>Butte County</b> Art Sanderson, Program Manager Department of Employment and Social Services P.O. Box 1649 Oroville, CA 95965 (530) 879-3468 fax asanderson@dsw.ncen.org
<b>Calaveras County</b> Sydney Prest, Staff Services Analyst Calaveras Works and Human Services Agency 509 e. Saint Charles Street San Andreas, CA 95249 (209) 754-4536 fax sprest@co.calaveras.ca.us	<b>Colusa County</b> Kay Sharpe, Program Manager Department of Health and Human Services 251 East Webster Street Colusa, CA 95932 (530) 458-0335 fax ksharpe@colusadhhs.org
<b>Contra Costa County</b> Sandy Baldwin, Medi-Cal Program Analyst Employment and Human Services Department 40 Douglas Drive Martinez, CA 94553 (925) 313-1758 fax sbaldwin@ehsd.co.contra-costa.ca.us	<b>Del Norte County</b> Rhonda Stowe Department of Health and Social Services 880 Northcrest Drive Crescent City, CA 95531 (707) 465-1783 fax rstowe@isaws.cahwnet.gov
<b>El Dorado County</b> Edward Zylman, Program Manager Department of Social Services 3057 Briw Rd. Placerville, CA 95667 (530) 626-9060 fax ezylman@co.el-dorado.ca.us	<b>Fresno County</b> Johnie Belford, Program Supervisor Human Services System 2589 N Air Fresno Drive, Suite 106 Fresno, CA 93721 (559) 455-0533 fax jbelford@fresno.ca.gov
<b>Glenn County</b> Becky Hansen, Program Manager Human Resources Agency P.O. Box 611 Willows, CA 95988-0611 (530) 934-6521 fax bhansen@ncen.org	<b>Humboldt County</b> Sue Oringer, Administrative Analyst II Department of Health And Human Services, Social Services Branch, Programs Unit 929 Koster Street Eureka, CA 95501 (707) 445-6096 fax soringer@co.humboldt.ca.us

## ATTACHMENT B

### NATIONAL SCHOOL LUNCH PROGRAM COUNTY CONTACT LIST

<b>Imperial County</b> Judy Milan, Program Manager Department of Social Services 2995 S. 4 <sup>th</sup> St., Suite 105 El Centro, CA 92243 (760) 370-0492 fax judymilan@imperialcounty.net	<b>Inyo County</b> Sheri Snyder, Director of Eligibility and Employment Services Department of Social Services 912 North Main Street Bishop, CA 93514 (760) 872-4950 fax ssnyder@isaws.cahwnet.gov
<b>Kern County</b> Tony Lopez, Assistant Program Director Department of Human Services P.O. Box 511 Bakersfield, CA 93302 (661) 631-6898 fax lopezt@co.kern.ca.us	<b>Kings County</b> Aida Guzman, Program Specialist Human Services Agency 1200 South Drive Hanford, Ca. 93230 559-584-2749 fax aguzman@co.kings.ca.us
<b>Lake County</b> Ester Gould, Program Manager Department of Social Services P.O. Box 9000 Lower Lake, CA 95457 (707) 995-4204 fax egould@co.lake.ca.us	<b>Lassen County</b> Sharon Johnson, Medi-Cal Analyst Lassen WORKS & Social Services PO Box 1359 Susanville, CA 96130 (530) 251-8370 fax sjohnson@isaws.cahwnet.gov
<b>Los Angeles County</b> Lynn Kohoutek Department of Public social Services 12900 Crossroads Parkway South City of Industry, CA 91746 (562) 908-0593 fax lkohoutek@dpss.co.la.ca.us	<b>Madera County</b> Nancy Brice, Program Manager Department of Social Services P.O. Box 569 Madera, CA 93639-0569 (559) 675-7983 fax brice@mcdoss.net
<b>Marin County</b> Christine Ferguson Department of Health Services 3501 Civic Center Dr. San Rafael, CA 94903 (415) 499-6731 fax cferguson@marin.org	<b>Mariposa County</b> Becky Bradshaw, Program Assistant Department of Human Services P.O. Box 7 Mariposa, CA 95338 (209) 966-5943 fax bbradshaw@isaws.cahwnet.gov
<b>Mendocino County</b> Nancy Naumann Department of Social Services P.O. Box 8508 Ukiah, CA 95482 (707) 463-7859 fax naumann@mcdss.org	<b>Merced County</b> Sylvia Laguna, Family Assistance Supervisor Human Services Agency P.O. Box 112 Merced, CA 95341 (209) 725-3583 fax slaguna@hsa.co.merced.ca.us
<b>Modoc County</b> Pat Wood, Eligibility Supervisor Department of Social Services 120 North Main Street Alturas, CA 96101 (530) 233-2136 fax email not available	<b>Mono County</b> Julie Timberman, Program Manager Department of Social Services 452 Old Mammoth Rd., 3 <sup>rd</sup> floor P.O. Box 2969 Mammoth Lake, CA 93546 (760) 924-5431 fax email not available

**ATTACHMENT B****NATIONAL SCHOOL LUNCH PROGRAM COUNTY CONTACT LIST**

<b>Monterey County</b> Yvette Grimes Department of Social Services 1000 South Main St., Suite 208 Salinas, CA 93901 (831) 755-8408 fax ygrimes@redshift.com	<b>Napa County</b> Darleen Washburn, Program Evaluation Supervisor Health and Human Services Agency 2261 Elm Street Napa, CA 94559 (707) 253-6095 fax dwashbur2@co.napa.ca.us
<b>Nevada County</b> Michele Violet, Eligibility Supervisor Adult and Family Services P O Box 1210 Nevada City, CA 95959 (530) 265-7062 fax michele.violet@co.nevada.ca.us	<b>Orange County</b> Brenda Roa, Program Manager II Orange County Social Services Agency 888 N. Main St. Santa Ana, CA 92701 (714) 541-7706 fax brenda.roa@ssa.cogov.com
<b>Placer County</b> Jane Christensen, Medi-Cal Program Manager Health and Human Services 11519 B Avenue Auburn, CA 95603 (530) 889-7608 fax jchriste@placer.ca.gov	<b>Plumas County</b> Colleen Keller, Program Manager Department of Social Services 270 County Hospital Road, Suite 207 Quincy, CA 95971 (530) 283-6368 fax cyk@jps.net
<b>Riverside County</b> Susan Jeffries, Medi-Cal Program Specialist Department of Public Social Services Assistance Policy Development 4060 County Circle Dr. Riverside, CA 92503 (909) 358-3990 fax sjeffrie@riversidedpss.org	<b>Sacramento County</b> Jennifer Sipe, Medi-Cal Program Specialist Department of Human Assistance 2433 Marconi Ave. Sacramento, CA 95821 (916) 875-3591 fax sipej@saccounty.net
<b>San Benito County</b> Roberta Johnson Human Services Agency 1111 San Felipe Road, Suite 206 Hollister, CA 95023-3801 (831) 636-4180 fax email address unavailable	<b>San Bernardino County</b> Candice Karpinen Human Services Systems Program Development Unit 825 E. Hospitality Lane, 2 <sup>nd</sup> Floor San Bernardino, CA 92415-0079 (909)383-9714 fax ckarpinen@hss.sbcounty.gov
<b>San Diego County</b> Roxanne Brown, Medi-Cal Program Specialist San Diego County Health and Human Services Agency 8840 Complex Dr., Suite 255 San Diego, CA 92123 (858) 492-2265 fax roxanne.brown@sdcounty.ca.gov	<b>San Francisco County</b> Wanda Jung, Program Manager Medi-Cal Health Connections Department of Human Services P.O. Box 7988 San Francisco, CA 94120 (415) 558-1977 fax wanda_jung@ci.sf.ca.us
<b>San Joaquin County</b> Rod Gaede, Medi-Cal Program Specialist Human Services Agency P.O. Box 201056 Stockton, CA 95201-3006 (209) 468-1828 fax rgaede@co.san-joaquin.ca.us	<b>San Luis Obispo County</b> Chris Haggie, Program Specialist Department of Social Services P.O. Box 8119 San Luis Obispo, CA 93403-8119 (805) 781-1846 fax chaggie@co.slo.ca.us

**ATTACHMENT B****NATIONAL SCHOOL LUNCH PROGRAM COUNTY CONTACT LIST**

<b>San Mateo County</b> Mary Ann Tse, Human Services Manager Human Services Agency 400 Harbor Blvd., Bldg. B Belmont, CA 94402 (650) 595-7518 fax mtse@co.sanmateo.ca.us	<b>Santa Barbara County</b> Misty Bonner, Medi-Cal Program Analyst Department of Social Services 1100 W. Laurel Avenue Lompoc, CA 93436 (805) 737-7098 fax mbonner@co.santa-barbara.ca.us
<b>Santa Clara County</b> Alice Turney, Medi-Cal Program Coordinator Social Services Agency 333 West Julian Street San Jose, CA 95110 (408)975-4530 fax turneya@ssa.co.santa-clara.ca.us	<b>Santa Cruz County</b> Claudine Wildman, Division Director Human Resources Agency 1020 Emeline Ave. Santa Cruz, CA 95060 (831) 454-7506 fax (831) 454-4236 claudine.wildman@hra.co.santa-cruz.ca.us
<b>Shasta County</b> Penny Smith, Medi-Cal Program Coordinator Department of Social Services PO Box 496005 Redding, CA. 96049-6005 (530) 225-5087 fax psmith@co.shasta.ca.us	<b>Sierra County</b> Lori Wright Social Services P.O. Box 1019 Loyalton, CA 96118-1019 (530) 993-6767 fax lwright@isaws.cahwnet.gov
<b>Siskiyou County</b> Nadine Della Bitta, Program Manager Human Services 818 South Main Street Yreka, CA 96097-9905 (530) 841-2790 fax ndellabi@co.siskiyou.ca.us	<b>Solano County</b> Diana Perez, Medi-Cal Program Specialist Health and Social Services PO Box 5050 275 Beck Ave. Fairfield, CA 94533 (707) 432-3548 fax dperez@solanocounty.com
<b>Sonoma County</b> Kim Seamans, Program Planner Analyst Human Services Department PO Box 1539 Santa Rosa, CA 95402-1539 (707) 565-5353 fax kseamans@sonoma-county.org	<b>Stanislaus County</b> Kathy Harwell, Program Manager Community Services Agency PO Box 42 Modesto, CA 95355 (209) 558-2558 fax harwellk@mail.co.stanislaus.ca.us
<b>Sutter County</b> Denise Damm, Public Assistance Supervisor Department of Social Services P.O. Box 1535 Yuba City, CA 95992 (530) 822-7212 fax ddamm@co.sutter.ca.us	<b>Tehama County</b> Gene Myers, Program Manager Department of Social Services P.O. Box 1515 Red Bluff, CA 96080-3196 (530) 527-5410 fax myers@tcdss.org
<b>Trinity County</b> Marilyn Blackburn Health and Human Services Department P. O. Box 1470 #1 Industrial Parkway Weaverville, CA. 96093 (530) 623-1250 fax mblackburn@isaws.cahwnet.gov	<b>Tulare County</b> Alex Cantu, Medi-Cal/Food Stamps Unit Manager Department of Public Social Services 5957 South Mooney Blvd. Visalia, CA 93277 (559) 733-6896 fax acantu@tularehhsa.org

**ATTACHMENT B**

**NATIONAL SCHOOL LUNCH PROGRAM COUNTY CONTACT LIST**

<p><b>Tuolumne County</b> Rebecca Espino, Eligibility Supervisor Department of Social Services 20075 Cedar Rd. North Sonora, CA 95370 (209) 533-5714 fax respino@mlode.com</p>	<p><b>Ventura County</b> Pat Judkins, Medi-Cal Program Administer County of Ventura Human Services Agency 505 Poli Street Ventura, CA 93001 (805) 652-7845 fax pat.judkins@mail.co.ventura.ca.us</p>
<p><b>Yolo County</b> Esther Vasquez, Public Assistance Supervisor Department of Employment and Social Service 25 N. Cottonwood St. Woodland, CA 95695 (530) 661-2658 fax esther.vasquez@yolocounty.org</p>	<p><b>Yuba County</b> Carol Newsom Department of Social Services P.O. Box 2320 Marysville, CA 95901 (530) 749-6281fax cnewsom@ychsa.org</p>

## **ATTACHMENT C**

### **EXPRESS ENROLLMENT INSTRUCTIONS FOR SCHOOL STAFF**

The Department of Health Services has requested modifications to the school lunch application to reflect the minimum information necessary for schools to make an Express Enrollment determination for the Medi-Cal program.

#### **Follow these steps to determine if the child applying for NSLP is eligible for Express Enrollment**

##### **Step 1: Is the child eligible for free lunches?**

If yes, go to Step 2. If no, do not proceed.

##### **Step 2: Does the application have a parent's or caretaker's signed consent for Medi-Cal?**

If yes, go to Step 3. If no, do not proceed.

##### **Step 3: What is the family size?**

The application should include a column where the relationships of the household members to the child applicant will be identified. Identify the children and adults on the application that belong to the same family. For the purpose of Medi-Cal the following are considered family members of the child applicant.

His/her brothers/sisters and stepbrothers/sisters

His/her parents and stepparents

His/her spouse

##### **Step 4: What is the applicant child's income, the income of the responsible parent(s) and/or of the spouse?**

A responsible parent is the birth or adoptive parent(s) who resides with the child. The income of siblings, step siblings or step parents is not counted. If the only income shown is that of other household members, total income will be \$0.

##### **Step 5: What is the child's age?**

Staff will determine whether the child is less than 1 year old, 1-5 or 6-18 years of age.

##### **Step 6: Is the child income eligible for Express Enrollment?**

Now that the family size and the countable income are known, look at the income chart below. Use the income limit chart based on the age of the child for whom Express Enrollment is being determined.

**ATTACHMENT C****EXPRESS ENROLLMENT INSTRUCTIONS FOR  
SCHOOL STAFF**

CHILDREN UP TO THESE INCOME LIMITS WILL RECEIVE EXPRESS ENROLLMENT Effective April 1 <sup>st</sup> , 2003			
Child's Age	6-18	1-5	<1
FPL Limits	100%	133%	200%
# of Persons	Monthly(\$)	Monthly (\$)	Monthly (\$)
1	749	996	1497
2	1010	1344	2020
3	1272	1692	2544
4	1534	2040	3067
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7	2319	3084	4637
8	2580	3432	5160
9	2842	3780	5684
10	3104	4128	6207
For each addtn'l member add:	262	349	524

*(The income limits are updated by the federal government every year, effective April 1<sup>st</sup>. Please ensure that school staff use the appropriate tables.)*

**Step 7: I evaluated for Express Enrollment, now what do I do?**

- **Express Enrollment Eligible:** Notify the applicant of both the determination made and that the NSLP application is being forwarded to the county Medi-Cal office. Within five working days of the determination, transfer the information on the NSLP application to the local agency that determines Medi-Cal according to processes defined in the Memorandum of Understanding (MOU).
- **Not Express Enrollment Eligible:** Notify the applicant of both the reason for the determination and that the NSLP application is being forwarded to the county Medi-Cal office for a Medi-Cal determination. Within five working days of the determination, transfer the information on the NSLP application to the local agency that determines Medi-Cal according to processes defined in the MOU.
- **Express Enrollment could not be determined:** Notify the applicant of both the reason for the determination and that the NSLP application is being forwarded to the county Medi-Cal office for a Medi-Cal determination. Within five working days of the determination, transfer the information on the NSLP application to the local agency that determines Medi-Cal according to processes defined in the MOU.

## ATTACHMENT C

### EXPRESS ENROLLMENT INSTRUCTIONS FOR SCHOOL STAFF

The following examples will help staff with computations for the purpose of Express Enrollment determination.

#### EXAMPLE #1:

Applicant:	Sam Miller (age 5)	\$0
Mother:	Sandy Brown	\$650.00 per month
Sister:	Elsa Miller	\$50.00 per month
Step Brother:	Marvin Brown Jr.	\$0
Step Father:	Marvin Brown Sr.	\$450.00 per month

Since a Medi-Cal determination has been requested, school staff will count only the family members (and not other persons living in the house) to determine the size of the family (Sam, Sandy, Elsa, Marvin Jr. and Marvin Sr. = 5). School staff will count only the declared income of the applicant child and the responsible parent(s) (Sandy \$650.00). Here we have a family of 5 with a declared gross monthly income of \$650.00. Since the child for whom Medi-Cal has been requested is 5 years old, the income limit will be obtained from the corresponding age chart for a family of 5. Currently, for this family size, the income limit is \$2388.00. This child is Express Enrollment eligible. School staff will identify Express Enrollment eligibility and will forward the information to the county Medi-Cal office following the process outlined in the MOU.

#### EXAMPLE #2:

Applicant:	Marsha Moore (age 7)	\$0
Mother:	Carol Moore	\$1500.00 per month
Sister:	Cindy Moore	\$ 250.00 per month
Cousin:	Albert Connor	\$0
Aunt:	Mandy Connor	\$0

Since a Medi-Cal determination has been requested, school staff will count only the family members (and not other members living in the house) to determine the size of the family (Marsha, Carol and Cindy = 3) and will count only the declared income of the applicant child and the responsible parent(s) (Carol \$1500.00). Here we have a family of 3 with a declared gross monthly income of \$1500.00. Since the child for whom Medi-Cal has been requested is 7 years old, the income limit will be obtained from the corresponding age chart for a family of 3. Currently, for this family size, the income limit is \$1272.00. This child is not Express Enrollment eligible. School staff will identify no Express Enrollment eligibility and will forward the information to the county Medi-Cal office following the process outlined in the MOU.

## ATTACHMENT D

### Express Enrollment Program Suggested Notification Letter from Participating Schools

Our school is part of the Express Enrollment Program. The program lets schools approve temporary no-cost health coverage for children who get free lunches. On \_\_\_\_\_ your child \_\_\_\_\_ was:

**Approved to get Express Enrollment no-cost Medi-Cal.**

If your child does not already have Medi-Cal or Healthy Families Program benefits, and does not already have a California Benefits Identification Card (BIC), you will soon receive a BIC in the mail for your child. You can use the BIC to see a doctor. We will send the information you gave us on your School Meals application form to your county Medi-Cal office. Your child will keep getting no-cost Medi-Cal until your county worker can complete a review of the School Meals form and let you know what information is needed to continue Medi-Cal benefits.

To keep your child's Medi-Cal you must give the county worker the information he or she needs to find out if your child is still eligible. If you do not give the worker this information, your child's temporary Medi-Cal will be stopped.

**Not approved to get Express Enrollment no-cost Medi-Cal because:**

- There was not enough information on the application**
- Your family's income was too high for Express Enrollment no-cost Medi-Cal**

Although your child will not be able to get Medi-Cal right away, we will send the information you gave us on the School Meals form to your county Medi-Cal office. The County worker will review the School Meals form and will let you know what information is needed to find out if your child is eligible for Medi-Cal.

**APPLICATION FOR FREE AND REDUCED PRICE MEALS  
FOR THE 2003-04 SCHOOL YEAR**

Please complete and return this application to the school. If you need help completing this form, call \_\_\_\_\_ . **Completing items marked with\*\*, number 6, and 7 is optional and not required to apply for free or reduced price meals. However, if you complete the optional items, your child may be eligible to receive health coverage under the Medi-Cal program.**

**1. Enter the student's name and provide all required information.**

Last Name	First Name	M.I.	Date of Birth** MO/DD/YR	School/Grade	Child's Monthly Income
					\$

**2. Foster child:** [ ]. If a foster child, list the child's personal monthly income: \$ \_\_\_\_\_. Go to No. 5. (A social security number is not required with the adult household member's signature.)

**3. If your child receives Food Stamps, CalWorks, FDPIR, or Kin-GAP benefits, enter the CASE NUMBER:** \_\_\_\_\_. Go to No. 5. (A social security number is not required with the adult household member's signature.)

**4. ALL OTHER HOUSEHOLD MEMBERS:** List all other household members, including yourself and any children, whether or not they have income. Indicate the amount and the source of all monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Enter any income received last month *by/for a child (other than applicant child)* from full-time or regular part-time employment, SSI, or Adoption Assistance payments.

Household Members	Relationship to Child in No. 1**	Gross Monthly Income From All Sources			
		Gross earnings from work before deductions include <i>all</i> jobs	Welfare, child support, alimony payments	Pension, retirement, social security	Any other monthly income
Full Name	For example, parent, stepparent, sister, guardian, friend, etc.				

**5. READ, COMPLETE, AND SIGN THIS SECTION**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of Federal funds, that school officials may verify the information on the application, and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult household member completing this form:		Telephone Number: ( )	Date:
Printed name of adult household member signing this application:		Social Security Number (or write "none" if you have no Social Security Number):	
Address:			
City:		State:	Zip Code:

California Education Code Section 49557 (a): Applications for free and reduced price meals may be submitted at any time during the school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or any other means.

Privacy Act Statement: National School Lunch Act (Section 9) requires that, unless your child's Food Stamp, CalWORKS, KinGAP, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State's Employment Development Department offices to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

**6. RACIAL/ETHNIC IDENTITY: (Optional)**

\_\_\_ White                      \_\_\_ Black or African American  
\_\_\_ Asian                      \_\_\_ Native Hawaiian or Other Pacific Islander                      \_\_\_ American Indian or Alaska Native  
Is this participant Hispanic or Latino?    Yes     No

**7. MEDI-CAL BENEFITS: (Optional)** If your child is eligible for free meals and you complete this section, we will share this meal application with the Medi-Cal program. Your local Medi-Cal office will contact you for more information to determine if your child is eligible for benefits. If your child already receives Medi-Cal benefits or you do not want Medi-Cal for your child, do not complete this section. You do not have to complete this section to apply for or receive free or reduced-price meals. This meal application will not be shared with the Medi-Cal program unless we have your signed consent. If you have any questions call \_\_\_\_\_.

**IMPORTANT:** Questions on this application that are marked by \*\* must be answered to determine if your child can receive Medi-Cal benefits.

If you did not complete Section No.4, tell us how many immediate family members, including the child, are living in the household? \_\_\_\_\_, and what is the combined monthly income of the child and the birth/adoptive parent(s) living in the household? \$\_\_\_\_\_

**IF MY CHILD IS ELIGIBLE FOR FREE MEALS,** I agree to share the information on this meal application with Medi-Cal representatives for the purpose of applying for Medi-Cal benefits for my child. I understand that the information on the National School Lunch Program application is confidential and will not be shared with any other government agencies, except for the purpose of the administration of the Medi-Cal program. **I certify that I am the parent/guardian of the child listed on this application. I declare under penalty of perjury under the laws of the State of California that the declarations and information on this application for Medi-Cal purposes are true and correct to the best of my knowledge and belief.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print the name of Parent/Guardian signing this section: \_\_\_\_\_

**For Official Use Only:**

Food Stamp/FDPIR/CalWorks categorically eligible free:    [ ] Yes  
Household size: \_\_\_\_\_ Total monthly income: \_\_\_\_\_  
Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid \_\_\_\_\_ Temporary: Free \_\_\_\_\_ Reduced Price \_\_\_\_\_ Until \_\_\_\_\_  
Determining official: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE AND SUPPLEMENTAL FORM FOR EXPRESS ENROLLMENT APPLICANTS

\_\_\_\_\_ (COUNTY STAMP) \_\_\_\_\_

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Notice date: \_\_\_\_\_  
Case number: \_\_\_\_\_  
Worker name: \_\_\_\_\_  
Worker number: \_\_\_\_\_  
Worker telephone: \_\_\_\_\_  
Office hours: \_\_\_\_\_  
Notice for: \_\_\_\_\_

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Your local county Medi-Cal office has received a copy of the School Meals application for \_\_\_\_\_.  
On that application, you asked us to determine if your child is eligible for Medi-Cal benefits. Based on the information you provided:

**Your child was found temporarily eligible for Medi-Cal benefits.** If your child does not already have a California Benefits Identification Card (BIC), you will soon receive a BIC in the mail. Your child can immediately use their BIC to get medical services. This temporary eligibility will last until a Medi-Cal determination has been completed. For us to determine if your child is eligible to continue receiving Medi-Cal, we need you to complete, sign and return this form.

**Your child was not found temporarily eligible for Medi-Cal benefits. He/she may be eligible for Medi-Cal once all information is reviewed.** For us to determine if your child is eligible for Medi-Cal, we need you to complete, sign and return this form.

**IMPORTANT: Please answer the questions below and attach any necessary documents. Please return this information in the enclosed postage-paid envelope no later than \_\_\_\_\_ or your child's eligibility for Medi-Cal benefits may be discontinued or denied.**

1. If your child has a Social Security Number, please write it here. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(IMPORTANT: If the child does not have a Social Security Number, you can apply for a Social Security Number now for your child and provide it to us within 60 days. Your child may be eligible to receive emergency-related Medi-Cal if he/she is unable to get a Social Security Number.)
2. Is the child a citizen or national of the United States? .....Yes  No   
If NO, please check here if he/she has satisfactory immigration status \_\_\_\_\_ and write the date of the child's entry into the United States \_\_\_\_\_.  
(Attach documentation of his or her immigration status or a receipt from INS showing you have applied to replace a lost document. If you do not have it now, you can send the document to the above address within 30 days.)
3. Do you want Medi-Cal to cover any medical expenses your child had in the last 3 months?.....Yes  No
4. Does the child have other health, dental or vision insurance?..... Yes  No   
If YES, Please complete the enclosed "Health Insurance Questionnaire" form (DHS 6155).  
(IMPORTANT: Your child can still be eligible for Medi-Cal even if he/she has other health coverage.)
5. Is anyone else in your family interested in applying for Medi-Cal?..... Yes  No   
 If you pay for child care services, child support, health insurance premiums, or have self-employed expenses, send a copy of your most recent payment/expenses. Proof of these expenses can be used to reduce the income we count for a Medi-Cal determination. A copy of your income from work, Workers Compensation or State Disability benefits may allow you an additional deduction.
- Other: \_\_\_\_\_

If you have any questions or need additional information, please contact your Medi-Cal worker listed on the top right corner of this notice.

**Declaration and Signature:** I declare under penalty of perjury under the laws of the State of California that the answers I have given in this application, the declarations made, and the documents submitted are true and correct to the best of my knowledge and belief. I declare that I have received, read and understand the attachment titled "Important Information For Medi-Cal Applicants".

Signature of parent/guardian X \_\_\_\_\_ Date \_\_\_\_\_

**According to California Code of Regulations, Title 22, Section 50175, if you fail to return the required information and/or document(s) or if the information and/or documents you send do not verify your eligibility, your application for Medi-Cal shall be denied or eligibility shall be discontinued.**

**ATTACHMENT G****IMPORTANT INFORMATION FOR MEDI-CAL APPLICANTS****Medi-Cal Rights, Responsibilities  
and Declarations:****I have the right to:**

- Be treated fairly and equally regardless of my race, color, religion, national origin, sex, age, or political beliefs.
- Ask for an interpreter.
- Ask for a fair hearing if I think a decision on my Medi-Cal case is unfair or wrong. I must ask for a hearing within 90 days after I get a "Notice of Action".

To find out about Medi-Cal fair hearings, call toll-free, 1-800-952-5253.

- A face-to-face interview.
- Review Medi-Cal program rules and manuals.

**I have the responsibility to:**

- Report any changes within 10 days in the information I give on the National School Lunch Program Application and the Notice and Supplemental Form for Express Enrollment Applicants.
- Let local welfare office know if a family member: applies for disability benefits; is in a public institution; or gets medical care for any accident or injury caused by another person.
- Cooperate if my case is reviewed.
- Apply for available income.
- Cooperate with paternity determinations and medical support enforcement efforts.
- Assign rights to medical support to the state of California.
- Assign rights to third party medical support to the state of California.

**I understand that:**

- As a condition of Medi-Cal eligibility, all rights to medical support are automatically assigned to the State of California.
- If I purposely do not give needed facts, or if I give false facts, I understand benefits may be denied or ended and repayment may be required. I may also be investigated for fraud.
- Persons I am applying for are not in jail, prison, or any other correctional facility.
- After my death the State has the right to seek repayment from my estate for all Medi-Cal benefits I receive after age 55 unless I have a surviving spouse, minor child(ren), blind or permanently and totally disabled child(ren).
- If I am admitted to a nursing facility and I have no intention of returning to my home, the State may impose a lien against my property.

**Medi-Cal Confidentiality Notice:**

The information given in the National School Lunch Program Application and the Notice and Supplemental Form for Express Enrollment Applicants is private and confidential under the Welfare and Institutions Code Section 10850 and 14100.2. The information will be disclosed only in accordance with those laws.

**Medi-Cal Privacy Notice:**

The Information Practices Act of 1977 and the Federal Privacy Act require the Department of Health Services to provide the following information: Welfare and Institutions Code Section 14011 and regulations in Title 22, CCR, require applicants for the Medi-Cal program to provide the eligibility information requested in the National School Lunch Program Application and the Notice and Supplemental Form for Express Enrollment Applicants. This information may be shared with federal, state, and local agencies for purposes of verifying eligibility and for other purposes related to the administration of the Medi-Cal program, including confirmation with the INS of the immigration status of only those persons seeking full scope Medi-Cal benefits. (Federal law says the INS cannot use the information for anything else except cases of fraud.) The information will be used to process claims and make Benefits Identification Cards (BICs). Failure to provide the required information may result in denial of the application. Information required by this form is mandatory, with the exception of ethnicity information, and any other item marked voluntary or optional. Social Security Numbers are required by Section 1137(a)(1) of the Social Security Act and by Welfare and Institutions Code Section 14011.2, unless applying for emergency or pregnancy related benefits only.

**An individual has a right of access to records containing his/her personal information that are maintained by the Department of Health Services. Contact your local welfare office to request your records.**

**KEEP FOR YOUR RECORDS**

**ATTACHMENT H**

**Transitioning NOA Language**

***Regular Medi-Cal (full scope) approval with no Share of Cost (SOC):***

"Your child \_\_\_\_\_ will now receive Medi-Cal under the \_\_\_\_\_ program, instead of under the Express Enrollment program, which was temporary. This determination does not affect your child's eligibility in the National School Lunch Program."

***Regular Medi-Cal (full scope) approval with Share of Cost (SOC):***

"Your child \_\_\_\_\_ will now receive Medi-Cal under the \_\_\_\_\_ program, instead of under the Express Enrollment program, which was temporary. Your child has a monthly share of cost of \$\_\_\_\_\_. Your child may be eligible for low-cost health coverage through the Healthy Families Program. We have enclosed a Healthy Families application for your use. This determination does not affect your child's eligibility in the National School Lunch Program."

***Regular Medi-Cal (restricted) approval with no Share of Cost (SOC):***

"Your child \_\_\_\_\_ will now receive restricted Medi-Cal benefits under the \_\_\_\_\_ program, instead of full scope benefits under the Express Enrollment program, which was temporary. The change in scope of benefits is due to unsatisfactory immigration status for full scope services as required by federal law. Your child's benefits under Express Enrollment will end on the last day of \_\_\_\_\_. Your child may use the Benefits Identification Card (BIC) to obtain full scope no-cost Medi-Cal until \_\_\_\_\_. This determination does not affect your child's eligibility in the National School Lunch Program."

***Regular Medi-Cal (restricted) approval with Share of Cost (SOC):***

"Your child \_\_\_\_\_ will now receive restricted Medi-Cal benefits under the \_\_\_\_\_ program, instead of full scope benefits under the Express Enrollment program, which was temporary. The change in scope of benefits is due to unsatisfactory immigration status for full scope services as required by federal law. Your child has a monthly share of cost of \$\_\_\_\_\_. This determination does not affect your child's eligibility in the National School Lunch Program."

***Denial:***

"Your child \_\_\_\_\_ has been determined ineligible for Medi-Cal because we did not receive the information we asked you for. Your child's benefits under Express Enrollment will end on the last day of \_\_\_\_\_. Your child may use the Benefits Identification Card (BIC) to obtain no-cost Medi-Cal until \_\_\_\_\_. This determination does not affect your child's eligibility in the National School Lunch Program."