

MEDI-CAL INTERCOUNTY TRANSFER PACKET RECEIPT

TO: _____
(Receiving County)

FROM: _____
(Sending County)

SENDING COUNTY: Complete this information and attach to the ICT packet.
➤ Enclose a self-addressed return envelope.

Case name: _____

SSN and/or CIN: _____

Worker name/Worker code: _____ / _____

Worker phone number (including area code): _____

E-Mail address: _____

RECEIVING COUNTY: Complete this information.
➤ Use the enclosed envelope to return to Sending County when the ICT packet has been received/assigned.

ICT packet was received on _____ (date). It has been assigned to:

Worker name/Worker code: _____ / _____

Worker phone number (including area code): _____

E-mail address: _____