REAL AND PERSONAL PROPERTY: Supplement to Medi-Cal Mail-in Application

Applicant's Name: _____ SSN: _____
First Middle Last

Please fill in the following. You can use additional sheets of paper if more space is needed.

SECTION 1: Financial Institution Accounts *Check the box(es) next to the types of accounts you have*

- ☐ Banks, Savings/Loans, Credit Union Saving or Checking Accounts
- ☐ Trust Fund(s)
- ☐ Retirement Account, ☐ IRA, ☐ KEOGH
- ☐ Deferred Compensation
- ☐ Annuity
- ☐ Stocks
- ☐ Bonds
- ☐ Certificate of Deposit (CD)
- ☐ Money Market
- ☐ Mutual Funds
- ☐ Other

Fill in the following:

Owner: _____
Account No.: _____ Current Value: _____
Name of financial institution: _____
Address: _____

Owner: _____
Account No.: _____ Current Value: _____
Name of financial institution: _____
Address: _____

Cash or uncashed checks:

Name on the check: _____ Amount: _____

SECTION 2: Real Property/Notes, Mortgages, Deeds of Trust, Sales Contracts

Home (whether you live in it or not), other houses, apartments, ranch, land, buildings, mobile homes or life estates in or outside of the US or the State of CA:

Address or legal description of property: _____

Name of owner: _____
Does anyone live there now? ☐ Yes ☐ No
How long have they lived there: _____
Name of person living there: _____
Relationship to you: _____
If you do not live there now, do you want to return to that property to live some day?
☐ Yes ☐ No
(You must notify the county within 10 days of any change in plans for living at the property)
Is the property currently listed for sale? _____
Full value of property (from tax statement): $ _____
Amount owed: $ _____
Rent collected each month from the property: $ _____

Expenses on property:

Interest	$ _____	Yearly/Monthly
Taxes and Assessments	$ _____	Yearly/Monthly
Utilities	$ _____	Yearly/Monthly
Insurance	$ _____	Yearly/Monthly
Upkeep and Repairs	$ _____	Yearly/Monthly

If you/family member own a life estate property, please fill in the following:

Address: _____
Do you/family member have an income interest in a life estate?
☐ Yes ☐ No
Is the life estate producing/giving income?
☐ Yes ☐ No

Mortgages, promissory notes, deeds of trust, sales contracts:

Held in whose name: _____
Value/balance: _____

SECTION 3: Business (check each item "Yes" or "No")

Business/Self employment checking/saving account or cash: ☐ Yes ☐ No
Business equipment, vehicles, tools, inventory or materials (incl. livestock, or poultry not for personal use)? ☐ Yes ☐ No
Type of equipment: _____ Name on property: _____
Description of item: _____
Estimated value: _____ Amount owed: _____
Business real property, buildings, leases, licenses: ☐ Yes ☐ No
Description: _____ Name on property: _____
Estimated value: _____ Amount owed: _____

For County Use Only

Case Name: _____
Case No.: _____
Worker No.: _____
Date: _____
Verification (list):
Verification of Income and Expenses (List)
Verification (list):
Appraisal provided: ☐ Yes ☐ No
Business or Self-employment verified: ☐ Yes ☐ No

SECTION .. Vehicles/Recreational Vehicles

A. List all cars, trucks, motorcycles, airplanes, snowmobiles, or off-road vehicles (even if not running) owned by you or your family. If none, write "none."

Make and model	Year	Class (Registration)	Owner	Amount Owed	Listed for Sale? Yes	Listed for Sale? No	Used for Business Yes	Used for Business No

B. List any boats, campers (do not include trucks), motor homes or trailers which are not used as a home and are not taxed as real property by the county:

Make and model	Year	Class (Registration)	Owner	Amount Owed	Listed for Sale? Yes	Listed for Sale? No	Used for Business Yes	Used for Business No

If you do not agree with the value DMV gives your vehicle(s) listed above in A & B, you may get another estimate of the value from a qualified professional.

SECTION 5: Other. Do You/Family Member Own:

- **Jewelry (not wedding/engagement rings or heirloom) worth more than $100:**
  Value: _____ Amount owed: _____
  Who owns: _____ Listed for sale? ☐ Yes ☐ No
- **Household goods or any personal items valued at more than $500 per item (musical instr., PC,)** Value: _____
  Description: _____ jointly/separately owned: _____
- **Mineral rights or mining claims (oil, coal, etc.)?** Is either listed for sale? ☐ Yes ☐ No
  Description: _____ Owned by: _____ Current Value: _____
  Amount owed: _____ Location: _____
- **Burial trusts or contracts, insurance, designated burial funds/money for cemetery plots, caskets, or other burial items?**
  Is it for use of immediate family? ☐ Yes ☐ No
  Description: _____ Owned by: _____ Current Value: _____
  Amount owed: _____ Location: _____
  Purchase price: _____ Amount owed: _____
  Purchased for whom? _____ From whom? _____
- **Life insurance?** ☐ Yes ☐ No
  Enter how many policies owned: _____ If more than one, use additional sheet of paper.
  Insurance company: _____ Person insured: _____ Policy owned by: _____
  Face value: _____ Policy no.: _____ Date policy issued: _____ Current cash value: _____
- **Long term care insurance?** Name of insurance comp.: _____ Policy no.: _____
  Amount of benefits paid by the insurance company to date: _____ Name on policy: _____
- **Other accounts/items?** Name on account/item: _____ Value: _____

SECTION 6: Transfer (check each item "Yes" or "No")

Has anyone closed, given away, transferred, sold or traded any money, vehicles, or other property like those listed above in the last 30 months? ☐ Yes ☐ No

If Yes, complete the following:

Item: _____ Date: _____

Transferred: _____ Sold: _____ Traded: _____ Closed: _____ Given away: _____

I declare under penalty of perjury under the laws of the State of California that the answers I have given are correct and true to the best of my knowledge.

Applicant's signature: _____ Date: _____

For Co[illegible] Use Only

List verification/ estimates of value/ encumbrance

List verification/ estimates of value/ encumbrance

Appraisal provided: ☐ Yes ☐ No

LTC insurance benefit summary provided: ☐ Yes ☐ No

Transfer or receiving NF level of care? ☐ Yes ☐ No

See MC 176 PZ

If your children are uninsured, they now have an affordable healthcare option!

The State of California's Healthy Families Program is new and it's here to help you!

Healthy Families Benefits Include:

Doctor & Specialist visits
Hospital care
Prescription drugs
Emergency care
Mental health
Immunizations
Dental Exams & Cleaning
Eyeglasses
Fillings

It's easy to qualify for Healthy Families. Children under the age of 19 may be eligible if they do not have health insurance and if parents fall within income levels.

FAMILY SIZE (larger families also qualify)	GROSS MONTHLY INCOME (approximately)
2	$906-1,809
3	$1,139-2,275
4	$1,372-2,742
5	$1,606-3,209

Average Cost: $4-27 month
(depending on income and family size)

Low Co-payments
($5 per visit for most services;
None for preventive services)

If your family income is below these levels you may be eligible **right now** for free health care through Medi-Cal. For more information call **1-888-747-1222**.

YES! IF IT LOOKS LIKE I QUALIFY, PLEASE SEND ME AN APPLICATION IN:

❑ English ❑ Farsi ❑ Laotian ❑ Armenian ❑ Cambodian
❑ Spanish ❑ Vietnamese ❑ Cantonese ❑ Hmong ❑ Russian

Name _____

Address _____ Apt# _____

City/State/Zip _____

Phone _____

Number of children ages 1–18 living in your home: _____

Do any of the children have health insurance today? Yes No

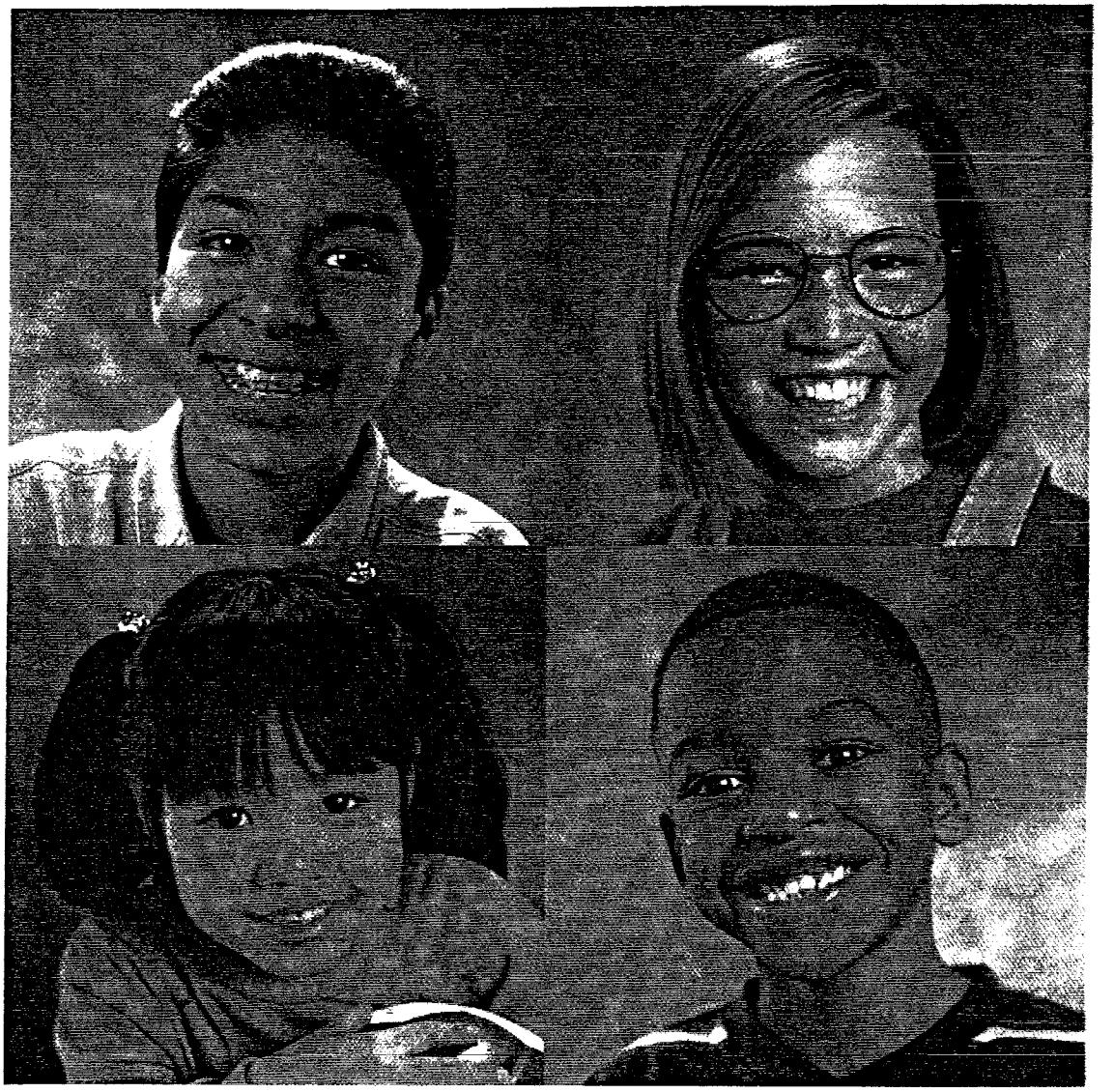
Approximate gross monthly income of the parents living in the home: $_____

Get a head start. Mail in this coupon to:

Healthy Families Program
P.O. Box 138005
Sacramento, CA 95813-8005

Or Call: 1-800-880-5305

Kids Need Health Coverage



It's a fact of life — children need health care.

Health coverage is important and lets you give your children the health care they deserve, when they need it.

There are programs that can help.

Call Medi-Cal toll-free: 1 (888) 747-1222