

**SB 24 Prenatal Gateway Data Elements
Option A: PE & Minimal M/C**

Category	Questions
PE (Personal Information)	1. Name (First, Middle, Last) 2. Date of Birth (mo/day/year) 3. Social Security number (optional) 4. If you have a current or past BIC card number, please enter it: (optional) 5. Home Address (Address, City, State, Zip) <ul style="list-style-type: none"> • If no permanent address, tell us where you can be reached 6. Mailing Address (optional if different) 7. Contact Info (Telephone #s for Home, Work, Message) 8. How many people, including your unborn child(ren), are in your family? (#) 9. How much money do you & your spouse make before taxes? (\$, mo or yr)
Opt-Out of M/C if PE Only	10. This application also allows you to apply for Medi-Cal . If you DO NOT want to apply for Medi-Cal coverage, please check this box. [opt-out] <ul style="list-style-type: none"> • If box is checked, applicant signs app & is done.
Medi-Cal Questions (OPTIONAL)	11. Do you have any other healthcare coverage or insurance? (y/n) 12. What language do you speak best? (optional) 13. What language do you read best? (optional) 14. If you have any uncovered medical expenses incurred in the three months prior to this application, please check this box [opt-in for Retroactive Medi-Cal] 16. Do you want to apply for Medi-Cal for additional members of your family? 17. Do you, your spouse, or any of your children have a physical, mental or emotional disability? (y/n) IF YES, ASK FOLLOWING: <ol style="list-style-type: none"> a. Who has the disability? (field) b. How long is it expected to last? (check box: Under 1 month, 1-12 months, over 12 months)
AIM Opt-Out	18. If you are found ineligible for Medi-Cal, you may still qualify for continued coverage through the Access for Infants & Mothers (AIM) program. If you DO NOT want to be automatically referred to AIM, please check this box. [opt-out]
Signature Under Penalty Perjury	27. Signature of Applicant or Authorized Rep (Date auto populated) 28. Signature of Witness to mark or interpreter (Date auto populated)

Required Questions: 12

Optional Questions: 7

Total Questions: 19 + 3 Provider Questions