



Transmittal Form for Notifying DHCS of Medi-Cal Inmate Eligibility Program (MCIEP) Changes in Status for County Medical Probation or Compassionate Release Inmates

DATE:

TO: [MCIEP@dhcs.ca.gov](mailto:MCIEP@dhcs.ca.gov)  
Medi-Cal Inmate Eligibility Program  
Secure Fax Number: (916) 440-5651

FROM: County Name and Contact Number or Email Address

Name and Title of person completing notification

Name of Inmate/Probationer	Booking/Jail Identification Number
Social Security Number	Date of Birth

The Department of Health Care Services (DHCS) is hereby notified that the above named inmate: *(Mark only ONE)*

who was granted compassionate release, applied for Medi-Cal on:

who was granted compassionate release and was Medi-Cal eligible, was returned to the custody of the Sheriff on:

who was released on medical probation, applied for Medi-Cal on:

who was released on medical probation and was Medi-Cal eligible, was returned to the custody of the Sheriff on:

The Chief Probation Officer hereby notifies DHCS that the above named Medi-Cal eligible probationer's term of medical probation ended on:

**Medi-Cal Privacy and Confidentiality Notice:** The information given on this form is private and confidential pursuant to Welfare and Institutions Code section 14100.2. This information shall be disclosed only as this law allows.

1501 Capitol Avenue, MS 4607, P.O. Box 997417, Sacramento, CA 95899-7417  
(916) 552-9430 phone, (916) 552-9477 fax