

MEDI-CAL STATUS REPORT

ATTENTION: STATE LAW REQUIRES YOU TO COMPLETE A MID-YEAR STATUS REPORT

YOU MUST RETURN THIS FORM BY _____ TO KEEP YOUR MEDI-CAL. PLEASE PRINT AND USE INK.

<div style="display: flex; justify-content: space-between;"> ┌ ┐ </div> <div style="display: flex; justify-content: space-between;"> └ ┘ </div>	Notice Date: _____ Case Number: _____ Worker Name: _____ Worker Number: _____ Worker Telephone Number: _____ Office Hours: _____
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Do not fill out this form if the only persons in your family receiving Medi-Cal are aged 65 or older, blind, children under the age of 21, CalWORKs recipients or someone who has already reported their pregnancy or disability to their Medi-Cal worker.

To keep your Medi-Cal, you are required to fill out this form if you are a parent who receives Medi-Cal. Tell us about changes you have had in the last 6 months. If you need help filling out this form, call your worker. Your worker’s name and telephone number are listed above.

Section 1: If you have no changes to report in the last 6 months:

- Review items listed in Section 2 (go to back side).
- If no changes to report, check this box **No Changes**
- Do NOT fill out Section 2.
- Go to Section 3 on back side. You must sign and date this form.
- Return the completed form to the county by the date on the top of this page.
- Use the enclosed pre-addressed envelope. No stamps are needed.

If you DO have changes to report in the last 6 months

- Go to the back side. Fill out Section 2.
- Go to Section 3. You must sign and date this form.
- Return the completed form to the county by the date on the top of this page.
- Do not send any documents.
- Use the enclosed pre-addressed envelope. No stamps are needed.

REMEMBER: You must sign the back of this form **GO TO BACK SIDE ►**

DO NOT SEND ANY DOCUMENTS WITH THIS FORM

Section 2: Check "Yes" for all changes in the last 6 months and explain

Income Changes

Yes

Did you or a family member in the home get more or less money from a job, child support or alimony, social security, veteran benefits, unemployment or disability benefits, retirement, gifts or interest or dividends?

Please Explain:

Expenses Paid Changes

Yes

Have you or any family member in the home changed the amount paid for child or adult care, health insurance, court-ordered child support, alimony or educational expenses?

Please Explain:

Living Situation Changes

Yes

Did anyone move into or out of your home, move in with someone else, get married, or have a baby?

Please Explain:

If yes, do they want Medi-Cal? [] Yes [] No

Other Changes

Yes

Did someone in your household have a change in the amount of property they have (for example; money in bank accounts, vehicles, real estate, etc.), their immigration status or other health insurance benefits?

Please Explain:

Disabled

Yes

Has anyone in your household become mentally or physically disabled? If yes, who?

Pregnant

Yes

Has anyone in your household become pregnant? If yes, who?

What is the expected due date?

How many babies are expected?

Section 3: Signature and Certification

I understand that I must report all changes in income, property, and/or other changes to the county. I declare under penalty of perjury that all information provided above is true and correct.

Signature: _____ Phone: () _____ Date: _____

Witness Signature: _____ Phone: () _____ Date: _____

(If person signed with a mark)

Signature of person acting for Beneficiary: _____ Relationship to Beneficiary _____ Date: _____