



**County Transmittal for Medi-Cal Inmate Eligibility
Program (MCIEP) Applicants Receiving Social
Security Income (SSI)**

DATE:

TO: MCIEP@dhcs.ca.gov
Medi-Cal Inmate Eligibility Program

(916) 440-5651
MCIEP Secure Fax Number

FROM:

County Staff Name

Phone Number and Email Address

County Name

SUBJECT: Reporting of a Medi-Cal beneficiary who is currently incarcerated and is a recipient of
Social Security Income Only

Beneficiary Information
Name:
Social Security Number:
Date of Incarceration:
Institution Name:
Note: All fields on this form must be completed. Upon receipt of this form, MCIEP analyst will forward this information to the Social Security Administration.

Confidentiality Notice:

The information contained in this E-mail / Fax document is confidential and intended only to be viewed by the recipient listed above. If you are not the intended recipient (or the employee or agent responsible to deliver this to the intended recipient), you are hereby notified that any distribution or copying of this document is strictly prohibited. If you have received this document in error, please contact the sender listed above and destroy the document.