State of California—Health and Human Services Agency

Department of Health Care Services

RE: _____
Case name

_____
Case number

_____
Worker number

RESPONSIBILITIES OF PUBLIC GUARDIANS/CONSERVATORS OR APPLICANT/BENEFICIARY REPRESENTATIVES

You have accepted the responsibility to act on behalf of _____.
State law and regulation require you to report to the county welfare department any changes in the circumstances of the applicant/beneficiary within ten calendar days following the date the change occurred. You must also cooperate fully on behalf of the beneficiary in any review that may be required for quality control purposes.

Changes which must be reported within ten days include, but are not limited to:

1. A change in the beneficiary's property, including community property.

2. A change in the beneficiary's income.

3. Entitlement to Veteran's Benefits or an increase in Veteran's Benefits.

4. Changes in health insurance coverage including enrollment in available health insurance or the discontinuance of health insurance.

5. A change in the beneficiary's living arrangement, household members, or residence.

6. The death of the applicant/beneficiary.

7. A change in guardianship/conservator or representative status.

8. Any other change in circumstances which may affect eligibility or share of cost.

You are also required (pursuant to Probate Code, Section 700.1, and Welfare and Institutions Code, Section 14009.5) to report the death of the beneficiary within 90 days of the date of death to:

DHCS—Third Party Liability Branch
Estate Recovery Unit
MS 4720
P.O. Box 997425
Sacramento, CA 95899-7425

Refer to "*IMPORTANT INFORMATION FOR PERSONS REQUESTING MEDI-CAL*" (MC 219) for a more complete list of your reporting responsibilities.

I hereby state, under penalty of perjury, that the information on this form has been reviewed by me and that I fully understand my responsibilities as the guardian, conservator or representative of

_____
Name of Beneficiary

Signature of Guardian/Conservator or Representative	Date
Address of Guardian/Conservator or Representative	Telephone number of Guardian/Conservator or Representative

Original—Case File   *Copy—Guardian/Conservator or Representative*

DHCS 7068 (06/07)