APPLICATION AND STATEMENT OF FACTS FOR CHILD NOT LIVING WITH A PARENT OR RELATIVE AND FOR WHOM A PUBLIC AGENCY IS ASSUMING SOME FINANCIAL RESPONSIBILITY

COUNTY USE ONLY
Case name:
Case number:
Effective date:

❒ New application ❒ Redetermination ❒ Request retroactive coverage for _____ months

Name of child	Sex ❒ Male ❒ Female	Birth date (mm/dd/yy)	Birth place

Social Security number	Social Security claim number	U.S. citizen ❒ Yes ❒ No	❒ MC 13 attached (required) ❒ Alien registration number _____

Mother's name	Mother's Social Security number (if known)	Father's name	Father's Social Security number (if known)

Name of person or institution with whom placed

Address (number, street)	City	State	ZIP code
Mailing address (number, street, P.O. Box) (if different)	City	State	ZIP code

Child is detained under Welfare and Institutions Code, Section 602 ❒ Yes ❒ No

Title IV-E eligible? ❒ Yes ❒ No

Date adoption agreement terminates or renews_____

Monthly amount paid from public funds for child's care which is not reimbursed by the child's parents. $_____

Date of present placement or move to California (children placed by another state) _____

Medical insurance ❒ Yes ❒ No

If yes, insurance company _____

SSI/SSP application made? ❒ Yes ❒ No

Child's Ethnic Group (check one box only)

❒ White (not of Hispanic origin)
❒ American Indian or Alaskan Native
❒ Black (not of Hispanic origin)
❒ Asian or Pacific Islander
❒ Hispanic
❒ Filipino

Child's Language (check one box only) (If he/she can speak and understand English, check English)

❒ English
❒ Spanish
❒ Chinese
❒ Japanese
❒ Korean
❒ Vietnamese
❒ Filipino (Tagalog)
❒ Other (specify) _____

Signature of public agency representative (or attach Cert Letter) ➤	Date	Telephone number ( )
Name of responsible public agency	Contact person	Telephone number ( )

Street address (number, street)	City	State	ZIP code

SEE REVERSE SIDE FOR INSTRUCTIONS

INSTRUCTIONS FOR USE OF FORM MC 250 AS AN APPLICATION

Public Agency Representative

Form MC 250 is to be completed by you when requesting Medi-Cal coverage for a child who is not living with a parent or relative and for whom you are accepting financial responsibility in whole or in part. You are accepting financial responsibility if you have responsibility for the child's placement and you pay for part or all of the child's care with your agency's funds. If you represent a Title IV–E adoptions assistance or foster care child placed by your state, who is now living in California, you must also provide a letter (Cert Letter) certifying the child's federal eligibility and entitlement to Medicaid benefits.

A Social Security number must be provided for the child if the child is a U.S. citizen or if he/she has satisfactory immigration status (SIS). If the child does not have a number and is required to have one, you must apply for one for him/her in order for the child to remain eligible for Medi-Cal. If you have made an application for a Social Security number, write "app. on (the appropriate month, day, and year)" under Social Security number. Notify the county welfare department as soon as you receive the number.

If SIS is claimed for the child, he/she is presumptively eligible for full scope Medi-Cal in accordance with instructions in ACWDL 92-48. SIS includes aliens who are lawful permanent residents, Permanently Residing in the United States Under Color of Law (PRUCOL), or amnesty aliens with a valid and current I-688.

The completed MC 250 is to be mailed to the county welfare department (CWD) which is located in the same county as your agency. Each section of the form must be complete and the information provided must be true and correct to the best of your knowledge. You are also responsible for reporting immediately to the CWD any change in the circumstances of the child which may affect the child's eligibility.

Adoptive/Foster Parents of Title IV–E Children Placed by Another State

You may complete form MC 250 if the placing state provides a Cert Letter certifying your child's Medicaid eligibility under Title IV–E. Please follow the instructions in paragraphs two through four above.

County Welfare Department Worker

The effective date of this application for Medi-Cal is the date this form is received in your department. This date must be entered in the box designated for "County Use Only." Upon receipt, check the form for completeness. If incomplete, contact the public agency responsible for the named child or the adoptive/foster parents of the Title IV–E child placed by another state for the necessary information. Only that information requested on form MC 250 is necessary to establish eligibility for a child not living with a parent or relative and supported by public funds, except for the Title IV–E child placed by another state, now living in California. These children must have a Cert Letter from the placing state certifying Title IV–E eligibility. A Notice of Action is to be sent to the public agency or the adoptive/foster parents of the Title IV–E child when eligibility is established. Medi-Cal cards are to be issued in the child's name and sent to the person or child care facility with whom the child has been placed.

INSTRUCTIONS FOR USE OF FORM MC 250 FOR A DETERMINATION

Public Agency Representative or Adoptive/Foster Parents

Form MC 250 is to be completed by the Public Agency Representative at the time of the annual redetermination of Medi-Cal eligibility for the child named on the reverse side of this form. Please complete the form in accordance with the application instructions above and return it to us within 10 days so that we can certify continuous Medi-Cal eligibility. Adoptive/foster parents need not complete the form annually. See instructions for county welfare department worker.

County Welfare Department Worker

Please complete the redetermination in accordance with the application instructions above for California placed children. For Title IV–E children placed by another state, annually contact the placing state to verify child's eligibility. Note changes on the original MC 250 and take action accordingly.