

# MEDI-CAL INTERCOUNTY TRANSFER PACKET RECEIPT

TO: \_\_\_\_\_  
(Receiving County)

FROM: \_\_\_\_\_  
(Sending County)

**SENDING COUNTY: Complete this information and attach to the ICT packet.**

➤ **Enclose a self-addressed return envelope.**

Case name: \_\_\_\_\_

SSN and/or CIN: \_\_\_\_\_

Worker name/worker code: \_\_\_\_\_ / \_\_\_\_\_

Worker phone number (including area code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

**RECEIVING COUNTY: Complete this information.**

➤ **Use the enclosed envelope to return to Sending County when the ICT packet has been received/assigned.**

ICT packet was received on \_\_\_\_\_ . It has been assigned to:  
(date)

Worker name/worker code: \_\_\_\_\_ / \_\_\_\_\_

Worker phone number (including area code): \_\_\_\_\_

E-mail address: \_\_\_\_\_