

**DISABILITY LISTING UPDATE**

Please indicate which list is to be updated with a check mark.

Medi-Cal liaison(s) for disability issues.

Medi-Cal liaison(s) for quarterly status listings for pending and closed disability cases.

Please use this form to transmit the name of your county's representative, or in counties where multiple contacts will be necessary, please provide the same information for each representative on a separate form. It would be appreciated if the information is printed or typed.

|                                 |  |  |          |
|---------------------------------|--|--|----------|
| County                          | Liaison                                |  |          |
| Liaison's position title        | Liaison's telephone number<br>(      ) | Alternative telephone number<br>(      ) |          |
| Office address (number, street) | City                                   | State                                    | Zip code |

RETURN TO: Department of Health Care Services  
 Medi-Cal Eligibility Division  
 Attn: Disability Liaison Coordinator  
 1501 Capitol Avenue, MS 4607  
 P.O. Box 997417  
 Sacramento, CA 95899-7417

MC 4033 (06/07)

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