

DEPARTMENT OF HEALTH SERVICES

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(916) 657-2941



August 07, 2001

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Directors

Letter No.:01-33E

ERRATA TO ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL 01-33)

CAMERA-READY COPIES OF NOTICES OF ACTION AFFECTED BY SENATE BILL 87
AND THE SNEEDE V. KIZER EXCLUDED CHILD STATEMENT FORM

This letter encloses the Sneede v. Kizer Excluded Child Statement Form that was inadvertently omitted from ACWDL 01-33 dated May 30, 2001.

This form is not related to the requirements of Senate Bill 87, and was revised for other reasons.

Spanish versions of the Excluded Child Statement Form (MC 239 SN-3) and the notices of action that were sent with ACWDL 01-33 will be sent as soon as they are available.

For your information, we are revising two other forms. Until the forms are corrected, you may wish to make pen and ink changes to your existing copies.

The MC 239 TMC-3 Approval for the Second Year of TMC has a typographical error in the fourth bullet and will be corrected to read, "within ten days."

The MC 239 B-2 Approval for Pregnant Women and Infants will also be corrected to delete the word "pregnancy" from the description of infant's restricted benefits.

If you have any further questions, please contact Ms. Margie Buzdas of my staff at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

Shar Schroepfer, Chief
Medi-Cal Eligibility Branch

Enclosure



Case name: _____

Case number: _____

SNEEDE V. KIZER
EXCLUDED CHILD STATEMENT FROM PARENT OR CARETAKER RELATIVE
(New Application and Annual Redetermination)

I understand that _____ can get Medi-Cal, and that his or her
(child's name)
 income and property will not affect the Medi-Cal benefits which my family and I receive.

I do **not** want to apply for Medi-Cal for _____.
(child's name)

I understand that:

- Even if my child gets Medi-Cal, his or her income and property will not be counted for me or other family members who also get Medi-Cal.
- If I do exclude my child, it will affect the income and property limits for me and for other family members because the family size will be smaller.
- I may not be eligible for Medi-Cal without at least one eligible child.

Signature of parent or caretaker relative		Date
Signature of person acting for applicant	Relationship (guardian, conservator, etc.)	Date
Signature of witness (required if applicant signed by mark)		Date