

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941



December 24, 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.: 01-70

FORMS SUPPLY POLICY FOR THE MEDI-CAL MAIL-IN APPLICATION (MC 210)

The Department of Health Services (DHS) Medi-Cal Eligibility Branch has received several inquiries from counties regarding the counties' responsibility to supply the new Medi-Cal Application booklet to private entities and community based non-profit organizations.

Counties **are not obligated** to supply the MC 210 forms to anyone other than to individual applicants/recipients, their families or authorized representatives. However, counties are not precluded from providing supplies of these forms to the Community Based Organizations (CBOs) with which they have formed partnerships.

Although the DHS forms distribution center will be making the MC 210 available to CBOs, the center will not be able to include the individual counties' self-addressed return envelopes with orders sent to CBOs. Counties will have to make arrangements with the CBOs in their areas to ensure that the forms are returned to the appropriate office or mail-in center. In these instances counties are responsible for providing the envelopes to be used for their return.

If a county receives a request for a quantity of forms, other than individual copies for informational purposes, the county may, if it wishes, refer these requests to:

DHS Forms Manager
Department of Health Services
714 P Street, Room 1440
P.O. Box 942732
Sacramento, California 94234-0732
(916) 657-5357

A minimum order of 100 copies is required of all warehouse orders. CBOs requiring smaller numbers are encouraged to work directly with their local social services offices to obtain numbers of the forms or to work with other CBOs in the area to combine orders so they may be shipped to one point for distribution.

All orders should be sent in writing to the DHS Forms Manager at the above address. A copy of the order form to be used is enclosed with this All County Welfare Directors Letter. This form should be duplicated and provided by the county to agencies requesting multiple copies of the MC 210.

Any questions or comments regarding the information contained in this letter should be directed to either Mr. James Weathers at (916) 653-3332 or Mr. John McDaniel at (916) 957-0791.

Sincerely,

ORIGINAL SIGNED BY

Richard Brantingham
Acting Chief
Medi-Cal Eligibility Branch

Enclosure



FORMS SUPPLY REQUEST

Form Number

Form Title

Quantity

TOTAL QUANTITY ORDERED: _____

ORDER REQUESTED BY: _____

ADDRESS	CITY	STATE	ZIP
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CONTACT PERSON & PHONE NUMBER _____

MAIL TO:

Forms Coordinator
 Department of Health Services
 Medi-Cal Eligibility Branch
 714 P Street, Room 1440
 P.O. Box 942732
 Sacramento, California 94234-0732