

YOUR HEALTH MATTERS!

Enrolling in Medi-Cal as a California DACA Recipient



WHAT'S INSIDE

- ✓ Find out if you qualify for Medi-Cal
- ✓ Document Checklist
- ✓ Where to apply
- ✓ How to apply in person
- ✓ How to apply online

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AT THE NATIONAL LEVEL

Undocumented people and Deferred Action for Childhood Arrivals¹ (DACA) recipients are excluded from the Affordable Care Act (ACA), also known as ObamaCare.

As a result, undocumented people and DACA recipients:

- are not eligible for federal health coverage options, and
- cannot purchase a health plan through Covered California

IN CALIFORNIA

DACA recipients qualify for Medi-Cal, based on income.	If you are a California DACA recipient, look inside to find out if you qualify for Medi-Cal and learn how to apply.
Undocumented people qualify for Limited / Emergency Medi-Cal, based on income.	If you are an Undocumented Californian, look inside to learn about Limited / Emergency Medi-Cal, and how to apply.

KNOW YOUR HEALTH RIGHTS

Immigrants are lawfully permitted to receive Medi-Cal in California, and may safely benefit from the services.

Public Charge: Unless you are in a nursing home or receiving long-term care, uses of public health programs or health services will NOT affect your immigration status.

Immigration Healthcare Memo: Personal information given to healthcare services will be used to establish healthcare eligibility, NOT for immigration purposes.



For more information on
PUBLIC CHARGE or the **IMMIGRATION HEALTHCARE MEMO**, visit
www.undocumentedanduninsured.org → Toolkit → Know Your Health Rights

Immigration status should not discourage you from getting the healthcare you need.

MEDI-CAL INFORMATION

Medi-Cal is California State funded health insurance for: low-income families, people with disabilities, seniors, pregnant women, children in foster care, and low-income adults who meet certain requirements.

There are two types of Medi-Cal:

Full Scope Medi-Cal	Applicants who meet the eligibility requirements have access to the “full scope” of medical services offered.
Limited / Emergency Medi-Cal	Treatment directly related to an emergency medical condition and inpatient or outpatient diagnostic services.

¹ Deferred Action for Childhood Arrivals is an executive order by the Obama administration that allows immigrants who meet certain requirements to receive a temporary work permit and reprieve from deportation.

MEDI-CAL INFORMATION ...continued

Household Enrollment for Mixed Status Families

Medi-Cal determines eligibility for everyone in the household and requires information about ALL of the people in your family.

If you live in a mixed-status household, where not all family members or dependents have Social Security numbers, it is recommended that EVERYONE apply for coverage --even if it's only for Limited / Emergency services.

When enrolling in Medi-Cal, you will be asked the following about your household:

- Full Names
- Date of Birth
- Immigration Status
- Social Security Number

Online Household Enrollment

You are REQUIRED to provide the information of everyone in the household, even if some household members are not enrolling or do not qualify.

For undocumented family members, you will be asked the following questions:

- "Does this person want health insurance?" → SELECT "NO"
- "Does this person have a Social Security Number?" → SELECT "NO"
- "If no SSN, why?" → SELECT "This person does not qualify for a SSN", or
- If they file taxes, → SELECT "ITIN / ATIN available"

Undocumented Californians CANNOT enroll online for Limited / Emergency Medi-Cal, but must still provide their information and state that they are not applying for coverage.

Enrollment for Undocumented Californians

Undocumented household members who qualify for Limited / Emergency Medi-Cal may:

- Enroll in person at a local county office or
- Enroll at a county hospital after receiving emergency care services

Unaccompanied Enrollment

If you experience difficulty gathering information of everyone in the household, you may enroll at a local county office in person for:

- just yourself
- your children
- dependents under 18 years old

MEDI-CAL INFORMATION ...continued

Emergency / Urgent Healthcare

If you are in urgent need of healthcare and cannot wait for an appointment, visit your local county urgent care center and ask about applying for Medi-Cal during your visit.

Translation Services

Ask for translation services if your eligibility worker does not speak your language.

Medi-Cal Enrollment Deadline

There is no deadline to enroll in Medi-Cal. However, it's important to enroll if you qualify.

Retroactive Medi-Cal Coverage

You may receive a refund for health services you received 3 months before applying to Medi-Cal. Ask about *Retroactive Medi-Cal Coverage* during your in person enrollment appointment.

Health Insurance Requirement

Undocumented Californians and DACA recipients are NOT required to have or purchase health insurance.

Taxes Penalty Exemption

For tax purposes, undocumented Californians and DACA recipients are NOT required to pay the penalty for not having health insurance.

Follow these steps to waive the health insurance penalty on your taxes:

- File a 1040 Form – NOT a 1040 EZ
- File a 8965 Form → SELECT “Exemption Code C”

Medi-Cal Fraud and Abuse

Medi-Cal fraud is an intentional attempt by a provider or applicant to receive unauthorized payments or services from the Medi-Cal program.

The most common form of fraud involves providers knowingly billing unnecessary services, services not performed, or for more expensive services than they actually provide.

To avoid fraud:

- Confirm all your information is accurate when enrolling.
- Report wrong information or errors in your account as soon as possible.
- DO NOT allow an eligibility worker to falsely enroll you into health coverage.
- DO NOT provide false information, online or to an eligibility worker, to receive services.



For more information on the
TAXES PENALTY EXEMPTION, or MEDI-CAL FRAUD AND ABUSE, visit
www.undocumentedanduninsured.org → Toolkit → Know Your Health Rights

ELIGIBILITY AND HEALTH SERVICES

Immigrant Eligibility & Medi-Cal Services Chart

	CALIFORNIA DACA RECIPIENTS	UNDOCUMENTED CALIFORNIANS
What am I eligible for?	<p>Full Scope Medi-Cal if you:</p> <ul style="list-style-type: none"> • permanently live in California • meet Medi-Cal’s household income requirements – be at or below 138% FPL 	<p>Limited / Emergency Medi-Cal if you:</p> <ul style="list-style-type: none"> • permanently live in California • meet Medi-Cal’s household income requirements – be at or below 138% FPL
What services are available to me?	<p>Full Scope offers 10 Essential Benefits:</p> <ul style="list-style-type: none"> • Emergency Care • Prescription Medicines • Hospitalization • Preventive and Wellness Services, and Chronic Disease Management • Mental Health, Behavioral Health, and Substance Use Disorder Services • Rehabilitative and Habilitative Services • Pediatric Services, with oral and vision care • Ambulatory Services • Maternity and Newborn Care • Laboratory Services <p>Other Benefits:</p> <ul style="list-style-type: none"> • Dental (Emergency, Dentures, Implants) • Vision (1 eye exam every 24 months) • Non-Emergency Transportation Services • Long-Term Care Services 	<p>Limited / Emergency offers:</p> <ul style="list-style-type: none"> • Emergency Care (Danger to life, body, or organ) • Pregnancy Related Services • Post-Partum Care (up to 60 days) • Breast and Cervical Cancer Treatment • Kidney Dialysis • Long-Term Care Services
Who else qualifies?	<p>Full Scope Medi-Cal is also for:</p> <ul style="list-style-type: none"> • Citizens (U.S. Born and Naturalized) • Legal Permanent Residents • People with Valid Work Permits <p>Other PRUCOL² eligible people are:</p> <ul style="list-style-type: none"> • Deferred Action Recipients • Temporary Protected Status (TPS) • Pending / Adjusting Applications with USCIS <p>People that do not qualify are:</p> <ul style="list-style-type: none"> • Visitor, Tourist, and Student Visa holders 	<p>Limited / Emergency Medi-Cal is also for:</p> <ul style="list-style-type: none"> • Individuals with an expired work permit • Individuals unable to verify immigration status



For more information on IMMIGRANT ELIGIBILITY and MEDI-CAL HEALTH SERVICES, visit www.undocumentedanduninsured.org → Toolkit → Sign Up for Medi-Cal

² Permanently Residing Under Color Of Law (PRUCOL) is not an immigration status. California DACA recipients are able to qualify for Medi-Cal under this Medi-Cal eligibility category.

DO I QUALIFY?

Eligibility for Medi-Cal depends on an individual's:

1. AGE — Ages 0 to 64 may qualify

2. IMMIGRATION STATUS — Refer to chart on previous page for eligibility

3. FEDERAL POVERTY LEVEL³ (FPL)

- You must be at or below 138%⁴ of the FPL to meet Medi-Cal's household income requirement.
- An applicant's household size and income are used to calculate their FPL.

4. HOUSEHOLD SIZE — Includes the following members in your household:

- Yourself
- Married partner (or unmarried partner if you have mutual children or file taxes together)
- Children (biological and adopted) and unborn children
- Dependents (anyone under 21, that you take care of and lives with you)

5. HOUSEHOLD INCOME — Includes the income of all people in the household:

- Self-Employment Income
- Earned Income (employment wages, salaries, profits, tips)
- Unearned Income (disability, retirement, pension, unemployment, child / spousal support)
- Deductions (student loan interest, alimony, early withdrawal of savings)

****You may qualify if your household size and income are at or below the 138% FPL listed below.**

Household Income Eligibility Chart

HOUSEHOLD SIZE	PREGNANT WOMEN & CHILDREN UNDER 1 yr		CHILDREN 1 - 18		ADULTS 19 - 64	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	\$2,071	\$24,857	\$2,587	\$31,042	\$1,342	\$16,105
2	\$2,792	\$33,505	\$3,487	\$41,841	\$1,809	\$21,707
3	\$3,513	\$42,153	\$4,387	\$52,641	\$2,276	\$27,310
4	\$4,233	\$50,801	\$5,287	\$63,441	\$2,743	\$32,913
5	\$4,954	\$59,448	\$6,187	\$74,240	\$3,210	\$38,516
6	\$5,657	\$68,096	\$7,087	\$85,040	\$3,677	\$44,119

If you file income taxes, or you are a dependent on someone's taxes:

Your household size and income are determined by how you file taxes.

For "Adjusted Gross Income" use:

Form 1040 — Line 37
Form 1040A — Line 21
Form 1040EZ — Line 4

³ The FPL is a measure of income levels released by the U.S Department of Health and Human Services (DHHS) to determine eligibility for programs. Income numbers are based on your annual earnings.

⁴ The income limit is higher for pregnant women, children under 19, and disabled persons.

DO I QUALIFY? ...continued

NO, I DON'T QUALIFY.

- California DACA recipients that earn above the 138% FPL do not qualify for Full Scope Medi-Cal, and are not able to purchase a healthcare plan through Covered California.
- Community clinics and county hospitals are available to you at out-of-pocket costs.



For a list of local low cost clinics in California, visit www.undocumentedanduninsured.org → Toolkit → Find California Clinics and Services

YES, I QUALIFY! - Does someone in your household have Full Scope, or Limited / Emergency Medi-Cal?

• YES, someone in my household has Medi-Cal.

- DO NOT begin a new application.
- Make an in person appointment with the assigned social worker to report a change to your case, and submit your documents.
- Review the *Document Checklist* page for a list of all required documents.

• I AM NOT SURE.

- Before you begin your application, contact your local county Medi-Cal office to speak to your assigned social worker.
- Use your Medi-Cal BIC card number or SSN to access your account.
- If no case is found for anyone in the household, you can start a new application.

• NO one in my household has an open Medi-Cal case.

- Keep reading and learn how to apply.

WHERE DO I APPLY?

If you are eligible for Medi-Cal and no one in your household has an open case:

Apply online or in person!

It is recommended you receive in person assistance, especially if it is your first time enrolling.

EMPOWER YOUR HEALTH!

BRING PROOF to your enrollment appointment! Some eligibility workers are unaware that DACA recipients are eligible for Medi-Cal, and may turn you away or discourage you from applying.

The Department of Health Care Services (DHCS) released an official memo to all county eligibility workers informing them that California DACA recipients are eligible for Full Scope Medi-Cal.



For PROOF OF MEDI-CAL ELIGIBILITY FOR DACA RECIPIENTS, visit www.undocumentedanduninsured.org → Toolkit → Sign Up for Medi-Cal

DOCUMENT CHECKLIST

GATHER the following documents to enroll in Medi-Cal:



- At least ONE document from each section is required.
- The same document can be used for different sections.
- Dated documents must be from the last 45 to 60 days, depending on the proof needed.
- **BRING** the document to your in person enrollment appointment.

IDENTIFICATION	CALIFORNIA RESIDENCY
<input type="checkbox"/> Valid CA ID, Driver's License	<i>*Documents with current address</i>
<input type="checkbox"/> Valid ID Issued by the DMV	<input type="checkbox"/> Valid CA ID, Driver's License
<input type="checkbox"/> U.S. / Foreign Passport	<input type="checkbox"/> Recent Rent / Mortgage Receipt
<input type="checkbox"/> Permanent Resident Card	<input type="checkbox"/> Utility Bill (<i>last 60 days</i>)
<input type="checkbox"/> Work Permit	<input type="checkbox"/> CA Employment Document
<input type="checkbox"/> School ID	<input type="checkbox"/> Evidence of Public Assistance
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Evidence of Voter Registration
<input type="checkbox"/> Marriage Record, Divorce Decree	<input type="checkbox"/> Valid Motor Vehicle Registration in applicant's name
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Child's School Record
<input type="checkbox"/> Work Badge, Building Pass	<input type="checkbox"/> Proof of Income used (<i>if it contains your current address</i>)
<input type="checkbox"/> Adoption Record	NO HOME ADDRESS / HOMELESS
<input type="checkbox"/> Court Order for Name Change	<input type="checkbox"/> Self-Affidavit of Residency
<input type="checkbox"/> Church Membership, or Baptismal Confirmation Certificate	
INCOME	IMMIGRATION STATUS
<i>*Earned, Unearned, and Self-Employment</i>	<i>*Required for Full Scope Medi-Cal</i>
EARNED INCOME	<i>*Not required for Limited / Emergency Medi-Cal</i>
<input type="checkbox"/> Recent Pay Stub (<i>last 45 days</i>)	<input type="checkbox"/> Social Security Number and Valid Work Permit
<input type="checkbox"/> Last Year's Federal Tax Return	<input type="checkbox"/> Form I-797 "Notice of Action"
<input type="checkbox"/> Signed Statement from Employer	
<input type="checkbox"/> Gift Income Letter	
<input type="checkbox"/> Self-Affidavit (Cash Income)	
UNEARNED INCOME	
<input type="checkbox"/> Public Benefit Award Letters	
<input type="checkbox"/> Bank Statements with amount	
SELF-EMPLOYMENT	
<input type="checkbox"/> Last Year's Federal Tax Return, include Section C or F	
<input type="checkbox"/> Profit / loss statement (<i>last 3 months</i>)	

APPLY IN PERSON FOR MEDI-CAL – COUNTY SERVICES OFFICE

1. COMPLETE & SIGN THE MC 13 FORM – Attached at the end of this packet

- Answer the following questions on the form:
 - Citizenship and Permanent Residency
 - Questions 1 to 3 → SELECT “NO”
 - PRUCOL Status
 - Question 4 → SELECT “YES”
 - Specifying PRUCOL status
 - Question 5 → SELECT either of the following:
 - a) Box 8: “Alien in Deferred Action Status”
 - b) Box 12: “An alien, not in one of the above categories...”
- Answer the remaining questions and sign the MC 13 form.
- Bring the signed form with you to your in person appointment.
 - This form is NOT required for the online Medi-Cal application through Covered California.

2. COLLECT INFORMATION & GATHER DOCUMENTS to bring with you to your appointment.

- Collect the following information of ALL the people in your household:
 - Full Names and Identification
 - Date of Birth
 - Social Security Number
 - Immigration Status of foreign-born family members
 - For example: Certificate of Naturalization / Citizenship, Permanent Resident Card, Work Permit
- Gather your documents:
 - MC 13 Form – Completed and signed
 - Document Checklist
 - Proof of Identification
 - Proof of California Residency
 - Proof of Income
 - Proof of Immigration Status
 - You will have to make a follow up appointment if you are missing any documents.



To download the MC 13 FORM, visit www.undocumentedanduninsured.org → Toolkit → Sign Up for Med-Cal

APPLY IN PERSON FOR MEDI-CAL ...continued

3. **MAKE** an appointment to visit your local Medi-Cal County Office.

CALIFORNIA COUNTY LOCATIONS — DEPARTMENT OF HEALTH CARE SERVICES

Los Angeles County	1-800-578-6762	San Bernardino County	1-877-410-8829
Orange County	1-855-478-5386	Sacramento County	1-916-874-3100
Riverside County	1-800-274-2050	San Diego County	1-866-262-9881
Alameda County	1-888-999-4772	Santa Barbara County	1-866-404-4007
Fresno County	1-855-832-8082	San Francisco County	1-855-355-5757
Kern County	1-661-631-6807	Monterey County	1-866-323-1953
Madera County	1-559-675-2300	Ventura County	1-888-472-4463



To find your Local County Office, visit www.undocumentedanduninsured.org → Toolkit → Sign Up for Medi-Cal

4. **MEET** with a Medi-Cal County Worker

- Inform the county worker you are a California DACA recipient applying for Medi-Cal.
 - Some eligibility workers are unaware that DACA recipients are eligible for Medi-Cal.
 - Provide the county worker with *Proof of Medi-Cal Eligibility for DACA Recipients*

5. **PROVIDE** required information to the Medi-Cal County Worker

- Be prepared to answer questions regarding your health coverage, medical bills, etc.

6. **WRITE** down the following information:

Case #: _____

You will need this number to access to your case when you call your social worker, make an appointment, or report changes. If you lose your Case #, you may also use your BIC card or SSN when calling your county office.

PIN #: _____ **Customer ID #:** _____

You will need a PIN # and Customer ID # when calling the county office to make an appointment, or to contact your assigned social worker.

Social Worker's Name: _____

Social Worker's Phone #: _____

APPLY IN PERSON FOR MEDI-CAL – AFTER APPLICATION

AFTER applying through the Local County DHCS Office, you will receive the following information by mail. Items may not arrive in this order.

1. NOTIFICATION OF LIKELY ELIGIBILITY

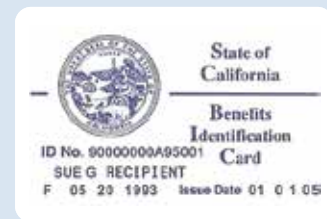
- Notice by mail from your county office informing you of your eligibility status.
 - You will have to make an appointment in person if they request paper verification of your identity, income, immigrant status, or California residency.
 - If no documents are needed, your final notice will arrive informing you of your Medi-Cal status.
- You may receive Medi-Cal benefits for up to 90 days while your documents are being verified.

2. FINAL NOTICE OF ACTION

- Notification by mail informing you of your Medi-Cal status.

3. MEDI-CAL BENEFITS IDENTIFICATION CARD (BIC) CARD

- You will receive your Medi-Cal BIC card by mail within 45 days of applying.
- Bring your Medi-Cal BIC card to your doctor appointments and local pharmacy.
- Keep your Medi-Cal BIC card in a safe and secure place.



4. MEDI-CAL PACKET – CHOOSING A MEDICAL HOME

- You will receive your Medi-Cal packet by mail within 45 days of applying.
- If you do not submit your forms within 30 days of receiving your packet, Medi-Cal will choose a plan for you.
- Use the last pages of the Medi-Cal packet to choose your doctor, health plan, and medical home.

APPLICATION STATUS

For updates or changes to your application, call your assigned social worker regarding your Medi-Cal case.

APPLY ONLINE FOR MEDI-CAL – VIA COVERED CALIFORNIA

Covered California is the online marketplace for individuals, families, and small businesses looking to enroll in affordable, quality health insurance, including Medi-Cal.

- California DACA recipients may **ONLY** use the Covered California site to enroll in Medi-Cal, and are **NOT** eligible to purchase Covered California health plans.
- You are **REQUIRED** to provide the information of everyone in the household, even if some household members are not enrolling or do not qualify.
- Access to a scanner may be needed to submit required documents.

1. **CREATE** a Covered California account at www.coveredca.com

- You may save your information and return to your account at a later time.

2. **WRITE** down the following information to keep track of your Covered California account:

- Keep your account information in a safe and secure place for future reference.

User Name: _____	Password: _____
PIN #: _____	
Security Questions	Answers
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

3. **SELECT** the “Apply” option

- SELECT “Enrolling into free or low cost plans”

4. **PROVIDE** Required Information

California DACA recipients whose status cannot be verified online must complete and sign the attached MC 13 Form, and make an appointment to submit the form in person.

• **Household Information**

- **California DACA Recipients** – You will be asked the following questions:
 - “Does this person want health insurance?” → SELECT “YES”
 - “Does this person have a Social Security Number?” → SELECT “YES”
 - PROVIDE – SSN and Work Permit (*Alien # and Expiration Date*)
 - “Is this person a U.S. Citizen or National?” → SELECT “NO”

APPLY ONLINE FOR MEDI-CAL ...continued

- **Undocumented Californians** – You will be asked the following questions about undocumented family members:
 - “Does this person want health insurance?” → SELECT “NO”
 - Undocumented Californians may qualify for Limited / Emergency Medi-Cal but can NOT enroll online.
 - “Does this person have a Social Security Number?” → SELECT “NO”
 - “If no SSN, why?” → SELECT “This person does not qualify for a SSN”
 - If they file taxes, → SELECT “ITIN / ATIN available”
- **Document Verification** – For foreign-born applicants
 - Naturalized Citizens, Legal Permanent Residents, and other qualifying immigrants
- **Income Verification**
 - Review the *Household Income Eligibility Chart* or the Modified Adjusted Gross Income (MAGI) Guide for income information.



To download the **MAGI GUIDE**, visit www.undocumentedanduninsured.org → **Toolkit** → **Sign Up for Medi-Cal**

- 5. WRITE** down the following information if you and/or your household qualify for Full Scope Medi-Cal:
- Covered California will generate your eligibility results after you submit your application.

Application #: _____

An application number is created once you start an application, even if you do not submit it. You may need this number to access your application when you call Covered California.

Case #: _____ **Customer ID #:** _____

Use this number to access your case when you call your social worker or Covered California.

Access Code: _____

You will need this number to give access to a Certified Enrollment Counselor in the future. For lost access codes, call Covered California.

- 6. UPLOAD** documents if requested by Covered California.

- Your application may be delayed if you do not upload the required documents.
- Review *Document Checklist* for a list of required documents.

- 7. CONFIRM** that Covered California has sent your Medi-Cal application.

- Call your Medi-Cal County Office within 5-7 days of submitting your application.
- The county office may also contact you for information.
- You may call Covered California to check the status of your application, or request that your application be sent to your county office, at **1-800-300-1506**.

APPLY ONLINE FOR MEDI-CAL ...continued

8. CONTACT & DESIGNATE a Certified Enrollment Counselor to assist you online.

- Search online to meet with a local expert near you.
 - Visit: <http://www.coveredca.com/get-help/local/>
- Give them permission to access, enter, update, and submit your application.
 - DO NOT designate an enrollment counselor until after you have made an appointment, and met them in person.

AFTER your online Medi-Cal application has been submitted:

- You will first receive a letter from Covered California, followed by mail from your Medi-Cal county office.
- Items may not arrive in this order.

A) COVERED CALIFORNIA NOTIFICATION

- Notice by mail from Covered CA – informing you that you do not qualify for financial assistance because your household qualifies for Medi-Cal.
 - This letter is sent to all Medi-Cal eligible applicants.
 - You may be asked to make an in person appointment with a county worker to submit required documents, if they were not originally uploaded.
- Your online application will be sent to your local county office by Covered California.

B) NOTIFICATION OF LIKELY ELIGIBILITY

- Notice by mail from your county office informing you of your eligibility status.
 - You will have to make an appointment in person if they request paper verification of your identity, income, immigration status, or California residency.
 - If no documents are needed, your final notice will arrive informing you of your Medi-Cal status.
- You may receive Medi-Cal benefits for up to 90 days while your documents are being verified.

C) FINAL NOTICE OF ACTION

- Notification by mail informing you of your Medi-Cal status.

D) MEDI-CAL BENEFITS IDENTIFICATION CARD (BIC) CARD

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E) MEDI-CAL PACKET – CHOOSING A MEDICAL HOME

- You will receive your Medi-Cal packet by mail within 45 days of applying.
- If you do not submit your forms within 30 days of receiving your packet, Medi-Cal will choose a plan for you.
- Use the last pages of the Medi-Cal packet to choose your doctor, health plan, and medical home.

APPLICATION STATUS

Having technical issues? Experiencing delays? Call Covered California at **1-800-300-1506**.

I HAVE MEDI-CAL, NOW WHAT?

- **Choose your Medical Home.**
 - For assistance on filling out your Medical Home Choice form:
 - contact your local health center if you already have your own clinic or doctor
 - call your local county office to make an appointment with your social worker
- **Start Using Your Benefits!**
 - Applicants who qualify may begin using Medi-Cal services the same month they enroll.

REPORT CHANGES

You must directly report changes to your social worker to determine changes in eligibility.

Changes that should be reported include:

- Household Size
 - marriage, divorce, death, birth, adoption
- Household Income
 - pay raise / cut, become unemployed, gain employment / income, change job
- Home Address
 - moved to another home, don't have a home
- Immigration Status
 - legal status acquired / expires, becomes a resident / citizen

If you don't report changes and you receive Medi-Cal benefits while you are no longer eligible, you may have to reimburse Medi-Cal for services you received during the time you were no longer eligible.

If you paid for services during a time you were eligible for Medi-Cal, ask your social worker about Retroactive Medi-Cal to see if you're eligible for a refund.

Recent or Expected Change in Tax Filing Status

- If your or your household will report income taxes for the first time next year, your household size includes the people that will be included in your taxes.
- If you plan on reporting your household size differently during the next tax period, you will have to report the change to Medi-Cal by contacting your assigned social worker.

YEARLY RENEWAL

Annual Redetermination Forms

You must determine your eligibility EVERY YEAR when you receive your Medi-Cal Annual Redetermination Notice in the mail. If you need help filling out your form, contact your county worker.

You may lose your benefits if you don't submit your form.

Contact your county worker if you do not receive your form in the mail, or if you lose your Medi-Cal benefits.

STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS

Print name of applicant (the applicant is the person who wants Medi-Cal)	Date
Print name of person acting for applicant	Relationship to applicant

SECTION A: MEDI-CAL BENEFITS TO CITIZENS AND ALIENS

Citizens and nationals of the United States who meet all eligibility requirements may receive full Medi-Cal benefits.

Aliens who meet all eligibility requirements may receive either full Medi-Cal benefits (if they are in a satisfactory immigration status) or restricted benefits limited to emergency and pregnancy-related services (if they are not in a satisfactory immigration status).

Satisfactory immigration status and full Medi-Cal benefits for aliens: Federal and state law provide that *full* Medi-Cal benefits may be received only by aliens who are in a satisfactory immigration status and who meet all eligibility requirements **including California residency**. Aliens are in a satisfactory immigration status if they are amnesty aliens with valid and current lawful temporary resident cards (I-688) or lawful permanent residents or permanently residing in the U.S. under color of law (PRUCOL). **The 16 PRUCOL categories are listed in SECTION B, question 5 below.**

Documented aliens not in a satisfactory immigration status who meet all eligibility requirements, **including California residency**, may receive restricted benefits (limited to emergency and pregnancy-related services).

Undocumented aliens who meet all eligibility requirements, **including California residency**, may receive restricted benefits (limited to emergency and pregnancy-related services).

Citizenship/immigration status information: Every person requesting Medi-Cal is required to provide information about his/her citizenship or immigration status. Immigration status information provided as part of the Medi-Cal application is confidential and cannot be used by the INS for immigration enforcement unless you are committing fraud.

Alien status documents and verification requirements: Aliens who claim to be in a satisfactory immigration status (SIS) for Medi-Cal purposes must present INS documents that show their immigration status if they have an INS document or are eligible to obtain one. Aliens who claim to be in an SIS, but who cannot obtain an INS document or replacement receipt (for example, aliens in the last PRUCOL category indicated in SECTION B below) should submit other evidence establishing their immigration status. INS documents will be verified by the INS. Aliens who do not have these documents with them, or who have unreadable documents, may bring us receipts which show that they have applied for replacements. Aliens will have 30 days to do this, or until their Medi-Cal application is ruled on, whichever is longer. If the alien is otherwise eligible, Medi-Cal will be issued during this period and while the submitted documentation is being verified by the INS. If none of the documents contains the applicant's photograph, they must show us an identity document which establishes that the applicant is the person named in the documents.

Social Security number requirement: Every person requesting Medi-Cal who has a Social Security number is asked to provide it to the county welfare department. U.S. citizens, U.S. nationals, and aliens claiming to be in a satisfactory immigration status who do not have a Social Security number must apply for one and provide it to the county welfare department. Aliens in satisfactory immigration status for Medi-Cal purposes who need help applying for a Social Security number should ask their eligibility worker for assistance. Aliens who are not in a satisfactory immigration status and who do not have a Social Security number can still get restricted Medi-Cal if they meet all eligibility requirements.

SECTION B: CITIZENSHIP/IMMIGRATION STATUS DECLARATION

1. Is the applicant a citizen or national of the United States? Yes No

If the applicant is a citizen or a national of the United States, where was he/she born? _____
(city, state)

IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE AN ALIEN, PLEASE ANSWER QUESTIONS 2, 3, AND 4 BELOW (AND QUESTION 5 IF YOU CLAIM TO BE PRUCOL) THEN COMPLETE SECTIONS C AND D. IF YOU ANSWER "NO" TO QUESTIONS 2, 3, OR 4 BECAUSE THOSE CATEGORIES DO NOT APPLY TO YOU, YOUR ANSWER IS CONFIDENTIAL. THIS INFORMATION CAN ONLY BE USED FOR MEDI-CAL PURPOSES AND CANNOT BE USED BY THE INS FOR IMMIGRATION ENFORCEMENT UNLESS YOU ARE COMMITTING FRAUD.

2. Is the applicant an amnesty alien with a valid and current I-688? Yes No
3. Is the applicant a lawful permanent resident? Yes No
4. Is the applicant a PRUCOL alien? Yes No

IMPORTANT: All PRUCOL aliens must indicate their specific PRUCOL status in question 5.

5. If the applicant would qualify for Medi-Cal benefits as a PRUCOL alien, indicate the status category which entitles him/her to that classification:
- A conditional entrant admitted to the United States before April 1, 1980
- An alien paroled into the United States, including Cuban/Haitian entrants

- An alien subject to an Order of Supervision
- An alien granted an indefinite stay of deportation
- An alien granted an indefinite voluntary departure
- An alien on whose behalf an immediate relative petition (INS Form I-130) has been approved and who is entitled to voluntary departure
- An alien who has properly filed an application for lawful permanent resident status
- An alien granted a stay of deportation for a specified period
- An alien granted asylum
- A refugee admitted to the United States since April 1, 1980
- An alien granted voluntary departure who is awaiting issuance of a visa
- An alien in deferred action status
- An alien who entered and has continuously resided in the United States since before January 1, 1972, who would be eligible for an adjustment of status to lawful permanent resident pursuant to INA Section 249 (eligible as a Registry Alien)
- An alien granted a suspension of deportation whose departure INS does not contemplate enforcing
- An alien granted withholding of deportation pursuant to INA Section 243(h)
- An alien, not in one of the above categories, who can show that: (1) INS knows he/she is in the United States; and (2) INS does not intend to deport him/her, either because of the person's status category or individual circumstances

SECTION C: VERIFICATION OF IMMIGRATION STATUS (FOR ALIENS WHO CLAIM SATISFACTORY IMMIGRATION STATUS)

IMPORTANT: Complete this section only if you answered "yes" to questions 2, 3, or 4 in SECTION B on the front of this form.

1. Alien Registration number and/or Alien Admission number (INS Form I-94): _____
2. Date the applicant first entered the United States: _____
3. Applicant's name when he/she first entered the United States: _____
4. Of what country is the applicant a citizen: _____
5. Where was the applicant born: _____

SECTION D: SOCIAL SECURITY NUMBER

Does the applicant have a Social Security number (SSN)? (Aliens who are not in a satisfactory immigration status, and who do not have an SSN, can still get restricted Medi-Cal if they meet all eligibility requirements.)

- Yes, the applicant's Social Security number is: _____
- No

SECTION E:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant signature	Date
Signature of person acting for applicant	Date

FOR COUNTY USE ONLY		
EW number: _____	County: _____	Date: _____
Action taken:		
<input type="checkbox"/> None necessary.		
<input type="checkbox"/> SAVE primary verification performed. Date: _____		
<input type="checkbox"/> Document Verification Request (INS Form G-845) and copies of documentation of satisfactory immigration status sent to INS. Date: _____		
<input type="checkbox"/> Full Medi-Cal benefits were granted pending verification of immigration status.		
<input type="checkbox"/> Copies of alien status documents are in the case file.		
<input type="checkbox"/> Person referred to INS to obtain replacement documents. Date: _____		
COUNTY DETERMINATION OF THE APPROPRIATE LEVEL OF MEDI-CAL BENEFITS.		
Based on the information provided on this form:		
<input type="checkbox"/> The above named applicant is a U.S. citizen or national, or an alien, who, if otherwise eligible, would receive FULL Medi-Cal benefits.		
<input type="checkbox"/> The above named applicant is an alien, who, if otherwise eligible, would receive RESTRICTED Medi-Cal benefits.		

ACKNOWLEDGEMENTS

Carlos Juarez

I dedicate this guide to my parents for their strength and support, and to all the undocumented and queer immigrant youth who make policies like DACA possible and continue to fight against the injustices that take a toll on our health and well being. I am happy that DACA recipients can take advantage of the health benefits offered through Medi-Cal - so we can continue to heal ourselves and our communities in our fight for dignity and social justice.

Thank you to the Dream Summer internship program for the opportunity to conduct work on health access for undocumented communities; the CIRCLE Project which provides healing spaces and advocates for the mental and emotional well-being of undocumented and queer immigrant youth; and UMMA Community Clinic for the opportunity to enroll the South LA community in health coverage programs.

Nidia De Leon

Going to the doctor was not an option for me growing up - I simply couldn't afford it, and I did not want to add another bill to my family's expenses. Many undocumented families have lived the same situation, and are now able to receive medical services without fear. This provides some peace of mind.

There are many who still don't qualify, and there is more work to be done to expand health care access, regardless of income or immigration status. The information we share with one another, and the continued efforts for equality in healthcare access, all bring us closer to our goal.

I am thankful to the CIRCLE Project and Dream Summer for giving me the opportunity to get involved in the fight for healthcare access, and for opening doors to a whole new world.

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Thank you for your continued support in advancing the health of immigrant communities.

