

**APPLICATION AND REDETERMINATION STATEMENT OF FACTS
FOR AN INDIVIDUAL WHO IS OVER 18 AND UNDER 21,
AND WHO WAS IN FOSTER CARE PLACEMENT
ON HIS OR HER 18TH BIRTHDAY**

<u>COUNTY USE ONLY</u>
Case name:
Case number:
Date of Discontinuance:

- New application
 Redetermination
 Request for retroactive coverage for ___ months
 (Eligibility cannot be established prior to 10/1/00)

Name	Date of birth (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone Number ()	Social Security Number		
Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Do you have other medical insurance (through work or parents)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of insurance company:		Policy #	
I declare under penalty of perjury under the laws of the State of California that the answers I have given in this application are true and correct to the best of my knowledge and belief.			
Signature: _____		Date: _____	

INSTRUCTIONS

If you are completing this application it is because you are under 21 and were in foster care when you turned 18. The Foster Care Independence Act of 1999 allows you to receive Medi-Cal benefits at no share of cost until you reach the age of 21. Under this Act, you are not required to show proof of income or resources (such as a car or bank account) in order to be eligible for Medi-Cal. You only have to have been in the care of a foster care family or agency when you turned 18.

Once you have completed this form, you may mail it to the address below, or you can drop it off at your local county social services department office and they will forward it for you. The office the form must go to is:

Medi-Cal Outstation District #42
 2910 Beverly Blvd.
 Los Angeles, CA 90057
 Attn: Former Foster Care Children Coordinator

For additional information, you can call the Department of Public Social Services at (213) 351-7725 or the toll free Health and Nutrition Hotline at (877) 597-4777.

If you move, you will still be eligible for Medi-Cal, but you will have to notify your county eligibility worker of your address change. If you move out of the county that you lived in when you applied, the county worker will have to change the information on your case so that you can continue to get medical coverage without difficulty. If you have any changes in your living arrangements, such as moving back in with your parents or getting married, or if you are pregnant, notify your eligibility worker immediately to report the change. These changes, however, will not affect your eligibility for this program.

If you move out-of-state, you may still be eligible for medical benefits in your new state, but you will have to apply for these benefits in the new state of residence.