

## DOES YOUR FAMILY HAVE HEALTH INSURANCE?

## Your Family may be eligible for Medi-Cal coverage

- Doctor Visits
- Emergency Care
- Hospital Care
- Immunizations

- Prescription Drugs
  - Vision
  - Hearing
  - Dental

<u>Programs are for uninsured Children and Adults</u> <u>YOU CAN APPLY FOR THIS PROGRAM ANYTIME THROUGHOUT THE YEAR.</u>

## For more information or to make an Appointment To Apply Please Contact:

**AMY GOMEZ, C.A.A. /C.U.S.D. Nursing Services** (559) 327-7988

BY APPOINTMENT ONLY Monday - Thursday (office is located at Sierra Vista Elementary)

**DOCUMENTS REQUIRED TO APPLY FOR MEDI-CAL for Families Program:** 

- 1.PROOF OF INCOME from IOB. CHILD SUPPORT or OTHER INCOME (within the last 30 days)\*\*Self-employed current 1040's/Schedule C or just ask Amy if you're not sure).
- 2. PROOF OF CITIZENSHIP: BIRTH CERTIFICATES/ CERTIFICATE OF CITIZENSHIP/ PROOF OF PERMANENT RESIDENCY/ PROOF OF DACA. etc..
- 3. SOCIAL SECURITY CARDS.
- 4. PROOF OF ADDRESS(current PG&E bill. rental receipt, water bill. phone or cell bill with your name on it).
- 5.PICTURE I.D. for Adult(s) living in home.
- \*\*\*\*\*\*ASSISTANCE WITH MEDI-CAL/FOOD STAMP RECERTIFICATIONS(Renewals) IS ALSO PROVIDED.

Rvsd: 07/22/2015