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COVER LETTER

ACT NOW TO COMPLETE THE ENCLOSED APPLICATION!

Welcome to the Medi-Cal and Healthy Families **temporary** enrollment program. It is very important that you fill out and return the enclosed application as soon as possible in order to continue your health, dental and vision coverage.

- You can get free help in filling out the application by calling 1-800-880-5305 between the hours of 8 a.m. and 8 p.m., Monday through Friday. On Saturday you can call between 8 a.m. to 5 p.m. There is no charge for calling this number. **When you call this number, you can get the help you need to fill out the application. All help is free.**
- You are receiving this application packet because your child recently got health care through the Child Health and Disability Prevention (CHDP) Gateway program and because you chose to apply for the Medi-Cal or Healthy Families program.
- The application you are getting is used for both the Medi-Cal and the Healthy Families program. You do not need to go to any offices to apply. Just fill out the application and mail it in the enclosed postage-paid envelope.
- When we get your application, we will decide whether your child or children qualify for Medi-Cal or Healthy Families.

Act now to fill out the application. When you are ready to mail in the application, please remember to include copies of all required documents as noted on page 6 of the application.

Thank you for your interest in the Medi-Cal and Healthy Families programs.

Remember: Your child is only temporarily enrolled in the Medi-Cal program. Send in your application as soon as possible to continue getting quality health, dental and vision coverage for your child.