



County of San Diego Health and Human Services Agency

Medicare/Medi-Cal Referral Letter

MC application received:
By:
Date:

SSN: _____ DOB: _____

Dear _____,

Based on information you provided in application, you may be eligible for

- Medicare
- Medi-Cal
- Covered California

How to apply for Medi-Cal

Call 211

- 211 collects your information such as household composition, income, and resources to begin the application;
- 211 forwards the application to the County for processing; and
- The County will contact you if additional information is required.

Apply on-line at: www.benefitscalwin.org and select the "Medi-Cal" option.

- Allows the electronic submission of applications and verifications;
- Provides 24 hour access to the screening and application process; and
- The County will contact you if additional information is required.

Apply in person at Rosecrans Public Health Facility or the Family Resource Center (FRC) assigned to your neighborhood.

- To find your nearest FRC go to: http://www.sdcounty.ca.gov/hhsa/programs/ssp/access/access_assistance_programs.html; or
- Call ACCESS at 1-866-262-9881 and select the "General Information" option; or
- Call 211 and ask for the FRC closest to you.
- **Ask FRC staff to date stamp this paper in the top right corner and return this to your enrollment worker**

Examples of required documentation (additional information may be requested):

- US Citizenship – original birth certificate, US Passport, Certificate of Naturalization
- Legal Permanent Resident (LPR) status: Resident alien card
- Identity – Driver's License, school ID, Alien card
- Residency – Current California driver's license or identity card with a San Diego county address, rent receipt
- Income – paystub, signed letter from employer, award letter

Additional documentation required if applying for Medi-Cal:

- Property – bank statement, retirement account statement

How to apply for Medicare

Call (800) 772-1213 to schedule an appointment at the Social Security Office nearest you or apply online at <http://ssa.gov>. Apply within three months before you turn 65. If you are denied Medicare, contact your clinic for assistance.

By signing below, I agree to apply for Medi-Cal or Medicare and understand that failure to complete the application process may result in the loss of health care coverage: my RWPC will end in 60 days unless I have begun the application process.	
_____	_____
Applicant's Signature	Date