

Sample Gift Letter

Today's Date: _____

Medi-Cal Access Program
P.O. Box 15559
Sacramento, CA 95852-0559

Dear Medi-Cal Access Program,

I, _____, give _____
(person **giving** the gift income) (person **receiving** the gift income)

\$ _____ per _____ as a gift.
(amount given) (how often gift is given [weekly, every 2 weeks, twice month, monthly])

Sincerely,

Signature of person giving the gift income

To be filled out by person applying for Medi-Cal Access Program:

Name: _____

Address: _____

Telephone Number: _____

FMN# (If you have it): _____