



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

DATE

NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY, STATE, ZIP

IMPORTANT REMINDER NOTICE!

You must ACT NOW. Your temporary Medi-Cal benefits will end on MM/DD/YY. If you want to continue getting health, dental and vision coverage, please send us your completed application before the end of this month.

If you have any questions about filling out your application, or if you need help with the application, you may call 1-800-300-1506 and ask for the name of a Certified Enrollment Counselor in your area. **The phone call is free.**

If you do not fill out and send in an application, your child or children will lose their temporary Medi-Cal health, dental and vision services through the Child Health and Disability Prevention (CHDP) Gateway program on MM/DD/YY.

We must get your application for Medi-Cal before the end of this month if you want to continue getting health, dental and vision coverage for your children.

If you have lost your application, and would like another one, please call 1-800-300-1506.