



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



ARNOLD SCHWARZENEGGER
Governor

15-DAY REMINDER NOTICE

Date

Name

Address

City, State, Zip

IMPORTANT REMINDER NOTICE!

You must ACT NOW. Your temporary Medi-Cal benefits will end on **XX/XX/XX. If you want to continue getting complete health, dental and vision coverage, 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 it, you may call 1-800-880-5305 and ask for the name of a Certified Application Assistant in your area. **This phone call and all help 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 CHDP Gateway program on **XX/XX/XX**.

We must get your application for Medi-Cal or Healthy Families 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 1-800-880-5305.