

## TRANSITIONAL MEDI-CAL

### MEDI-CAL FOR WORKING PEOPLE



### YOUR FAMILY MAY GET FREE HEALTH CARE!

**Transitional Medi-Cal (TMC)** is for California families who are no longer eligible for CalWORKs cash aid or Medi-Cal for low income families because of earnings from work. All members of the family may still get no-cost Medi-Cal for up to 12 months.

### IMPORTANT FACTS ABOUT TMC AND OTHER KINDS OF HEALTH CARE COVERAGE

If you just got a job or just started to get more money from your job, but your cash aid or Medi-Cal was stopped for some other reason, be sure to tell us about it. To tell your worker about the job or pay raise or self-employment and request TMC, fill out and return the form on the back of this flyer to your county welfare department.

#### To get the first 6 months of TMC you must:

- have been on CalWORKs cash aid or Medi-Cal for low income families, and
- have a child in the home.

#### To get the rest of the months of TMC you must also:

- continue to work, and
- earn under a certain amount, and
- report earnings quarterly.

After TMC coverage ends, the children may get other Medi-Cal or Healthy Families program coverage.

### EXTENDED MEDI-CAL FOR FAMILIES GETTING CHILD SUPPORT

Four months of extended Medi-Cal may be available for families losing CalWORKs cash aid or Medi-Cal for low income families due to increased child/spousal support. **If you want this kind of Medi-Cal, we need to know about these changes. Please complete the back of this form.**

If you need help understanding this notice, contact your County worker.

**Si necesita ayuda para entender esta notificación, comuníquese con su trabajador del condado.**

Spanish

**假如你需要人幫助你瞭解這份通知，請跟你的工作人員連絡。**

Chinese

**Если вы не поняли это извещение и вам нужна помощь, обратитесь к работнику, ведущему ваше дело.**

Russian

**Nếu quý vị cần giúp đỡ trong việc đọc và hiểu thông báo này, xin liên lạc với nhân viên phụ trách của quý vị.**

Vietnamese

**បើសិនជាលោកអ្នកមិនចេះអានសំណៅនេះទេ សូមសួររកកិច្ចជួយពីអ្នកកាន់សំណុំរឿងរបស់លោកអ្នក ។**

Cambodian

## REQUEST FOR EXTENDED OR TRANSITIONAL MEDI-CAL

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Did your Medi-Cal or CalWORKs cash aid stop and:

- You have earnings from a job, a business you started, or a pay raise? .....  YES  NO
- You have started to receive or had an increase in child/spousal support payments? .....  YES  NO

If you answered “**YES**” to any of these questions, you and other family members may still be eligible for Medi-Cal. Complete this form and attach pay stubs or other proof of earnings. If you are self-employed, list business costs on a separate sheet of paper and attach proof of income and costs.

Return this request form to:

If the information you give us is complete and we can tell from your case file that you qualify, we will put you and eligible family members on an extended Medi-Cal program, such as the TMC program. If we need more information from you, we will contact you.

**I declare under penalty of perjury that all information provided is true and correct.**

NAME	SOCIAL SECURITY NUMBER	
SIGNATURE	TELEPHONE NUMBER (     )	DATE
ADDRESS	CITY	ZIP CODE
SIGNATURE OF WITNESS, INTERPRETER, OR PERSON ASSISTING	TELEPHONE NUMBER (     )	DATE