California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 3@ Health Care Services
|->
Subdivision 1@ California Medical Assistance Program
|->
Chapter 2@ Determination of Medi-Cal Eligibility and Share of Cost
|->
Article 4@ Beneficiary Application Process
|->
Section 50149@ Application Form

# 50149 Application Form

### (a)

An application for Public Social Services shall be used as the application form for all Medi-Cal applications.

# (b)

The original of the completed form shall be placed in the case file.

## (c)

A copy of the completed form shall be given to the applicant at the time of application.

# (d)

Only one person's signature shall be required on the application or any other forms necessary to complete the eligibility determination.

### (e)

A new application form shall not be required for: (1) Requests for restoration of aid. (2) Interprogram transfers. (3) Interprogram status changes. (4) Request to add a family member to the Medi-Cal case. (5) Redeterminations. (6) Infants meeting the criteria under the Continued Eligibility Program as described in Section 50262.3.

### **(1)**

Requests for restoration of aid.

(2)

 $\mathsf{C}\mathsf{A}$ 

(3)
Interprogram status changes.
(4)

Request to add a family member to the Medi-Cal case.

Redeterminations.

(5)

(6)

Interprogram transfers.

Redeterminations

Infants meeting the criteria under the Continued Eligibility Program as described in Section 50262.3.