COUNTY OF <County Name>

Notice Date :

Case Name :

Case Number :

Worker Name :

Worker Number :

Telephone :

Worker Hours : :

Information :

Address :

Medi-Cal Beneficiaries living in a licensed Board and Care facility can get an income deduction for personal care services. This may lower your countable income and improve your Medi-Cal benefits. The information asked for below will be used to help us determine your Medi-Cal benefits.

Please have the administrator or an employee of the Board and Care facility complete the bottom of this page. Return the entire page to the county within ten days of this notice.

Facility name and address: Telephone number:

Date entered facility: Type of facility:

Adult residential

Residential facility for the chronically ill Residential facility for the elderly

Other (specify):

Monthly rate: $

If the monthly rate changed in the last three months. List previous rate: $ Signature/Title of person completing form:

Date Signed:

Telephone # of person completing form:

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