

COUNTY OF

Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Worker ID: _____
Worker Phone Number: _____
Customer ID: _____

**** IMPORTANT INFORMATION ABOUT YOUR BABY ****

KEEPING YOUR BABY HEALTHY IS VERY IMPORTANT. TAKING YOUR BABY TO THE DOCTOR WILL HELP KEEP YOUR BABY HEALTHY. IF ELIGIBLE, A MEDI-CAL CARD FOR YOUR BABY CAN HELP YOUR BABY GET DOCTORS CARE.

IF YOUR BABY HAS BEEN BORN, FILL IN THE INFORMATION ABOUT YOUR BABY AND MAIL THIS BACK TO YOUR WORKER AT THE ADDRESS ON THE TOP OF THIS FORM. YOUR WORKER WILL LET YOU KNOW IF MORE INFORMATION IS NEEDED.

PLEASE PRINT CLEARLY

HAS YOUR BABY BEEN BORN?

YES--IF YES, PLEASE ANSWER THE QUESTIONS BELOW.

NO--IF NO, YOU WILL RECEIVE ANOTHER NOTICE.

YOUR BABY'S NAME: _____ BIRTH DATE: _____ SEX: BOY GIRL

WHERE WAS YOUR BABY BORN: CITY _____ STATE _____

DO YOU WANT MEDI-CAL FOR YOUR BABY? YES NO

ANY OTHER CHANGES TO REPORT? _____

YOUR NAME: _____ PHONE NUMBER: _____

YOUR ADDRESS: _____
STREET APARTMENT#

CITY STATE ZIP CODE

IS THIS ADDRESS NEW: YES NO