

COUNTY OF

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

**** IMPORTANT INFORMATION ABOUT YOUR BABY ****
SECOND NOTICE

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 DOCTOR'S CARE.



OUR RECORDS SHOW YOUR BABY SHOULD HAVE BEEN BORN BY NOW.



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.

YOUR MEDI-CAL MAY STOP IF THIS INFORMATION IS NOT RETURNED TO US AS SOON AS YOUR BABY IS BORN.

PLEASE RETURN THIS FORM TO YOUR WORKER SO WE CAN HELP YOU KEEP YOUR BABY HEALTHY

PLEASE PRINT CLEARLY

HAS YOUR BABY BEEN BORN?

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

NO--IF NO, ANSWER THE QUESTIONS AND RETURN THIS AFTER YOUR BABY IS BORN.

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