



CDSS

JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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ARNOLD SCHWARZENEGGER
GOVERNOR

February 1, 2010

ALL COUNTY INFORMATION NOTICE NO. I-08-10

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL CONSORTIUM PROJECT MANAGERS

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS
(CalWORKs): REVISED CW 103 FORM

REFERENCES: All County Welfare Directors Letter (ACWDL) No. 03-45

The purpose of this All County Information Notice (ACIN) is to transmit the updated CalWORKs Transitional Medi-Cal Form, CW 103. These revisions are necessary due to the elimination of the state-only second year of Transitional Medi-Cal, per Assembly Bill 1762 (Chapter 230, Statutes of 2003). See ACWDL 03-45 for details about this change to Transitional Medi-Cal. ACWDL 03-45 may be found at the following address: <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c03-45.pdf>.

Forms Implementation

Counties must begin using the revised CW 103 as soon as administratively possible.

Translations and Camera-Ready Copies

The CW 103 form is a multilingual form. Copies of all forms and publications can be obtained at www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. For questions about translated materials, please contact Language Services at (916) 651-8876.

For a camera-ready copy of the CW 103 form, please contact the Forms Management Unit at the following email address fmudss@dss.ca.gov. You may also obtain copies of these forms directly from the CDSS web page at www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

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Program Contacts

If you have any questions regarding this letter, please contact your CalWORKs county consultant, or you may call the CalWORKs Eligibility Bureau at (916) 654-1332.

Sincerely,

Original Document Signed By:

KÄREN DICKERSON, Chief
Employment and Eligibility Branch

Enclosure

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

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