



DOES YOUR FAMILY HAVE HEALTH INSURANCE?

Your Family may be eligible for Medi-Cal coverage

- Doctor Visits
- Emergency Care
- Hospital Care
- Immunizations
- Prescription Drugs
- Vision
- Hearing
- Dental

Programs are for uninsured Children and Adults

YOU CAN APPLY FOR THIS PROGRAM ANYTIME THROUGHOUT THE YEAR.

For more information or to make an Appointment To Apply

Please Contact:

**AMY GOMEZ, C.A.A. /C.U.S.D. Nursing Services
(559) 327-7988**

**BY APPOINTMENT ONLY Monday -Thursday
(office is located at Sierra Vista Elementary)**

DOCUMENTS REQUIRED TO APPLY FOR MEDI-CAL for Families Program:

- 1. PROOF OF INCOME from JOB, CHILD SUPPORT or OTHER INCOME (within the last 30 days)**Self-employed current 1040's/Schedule C or just ask Amy if you're not sure).**
 - 2. PROOF OF CITIZENSHIP: BIRTH CERTIFICATES/ CERTIFICATE OF CITIZENSHIP/ PROOF OF PERMANENT RESIDENCY/ PROOF OF DACA, etc..**
 - 3. SOCIAL SECURITY CARDS.**
 - 4. PROOF OF ADDRESS(current PG&E bill, rental receipt, water bill, phone or cell bill with your name on it).**
 - 5. PICTURE I.D. for Adult(s) living in home.**
 - 6. Current Bank Statements (applying for CalFresh). 7. Proof of Rent or Mortgage(CalFresh)**
- **ASSISTANCE WITH MEDI-CAL/FOOD STAMP RECERTIFICATIONS(Renewals) IS ALSO PROVIDED.**

Rvsd: 07/22/2015