

POTENTIAL MEDI-CAL LINKAGE REFERRAL CHECKLIST

INTERVIEWER INFORMATION	
Facility	
Interviewer Name (First Name, Last Name)	
Phone Number	

PATIENT INFORMATION	
Date	
Last Name	
First Name	
Date of Birth	

If **“YES”** is answered to questions 1-3 below, refer patient to apply for Medi-Cal.

SCREENING QUESTIONS			
1	Is patient age 19 or older and under age 65, <u>AND</u> Has a household income at or below 138 % of the Federal Poverty Level (FPL) for the applicable family size?	<input type="checkbox"/> Yes Household size ¹ : Household gross income:	<input type="checkbox"/> No
2	Is patient pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Is patient a caretaker relative of children (e.g., grandchildren, niece/nephew, cousin, brother/sister) in the home under 21?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **“YES”** is answered to questions 4-6 below, refer the patient to apply for Medi-Cal, *unless* the patient already applied for Medi-Cal on or after July 2022 and was found ineligible. The patient does not need to reapply for Medi-Cal if there has not been a change in circumstance (e.g., income, household size, assets) and may proceed to apply for ATP (or other FAPs).

4	Is patient 65 years of age or over?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Is patient blind (i.e., visual acuity 20/200 with correction or tunnel vision)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Is patient disabled, (i.e., has a physical/mental condition which prevents them from working for at least a year or will result in death)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Download and save the file on your local drive to access the PDF fillable file version.

¹ Household size should include the applicant *plus* the applicant’s legal spouse, domestic partner, or unmarried partner if they have children in common *plus* applicant’s child(ren) under age 19, child(ren) under age 21 if full-time student(s), and expected child(ren) if pregnant. Include all persons that applicant claims as a tax dependent(s).