State of California—Health and Human Services Agency
Department of Health Services

California
Department of
Health Services

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

March 23, 2005

Dear ACWDL Subscriber:

Letter No.: 05-11

2005 MAILING LIST

The Department of Health Services, Medi-Cal Eligibility Branch, is revising the All County Welfare Directors Letter (ACWDLs) mailing list for calendar year 2005. In order to remain on the list, please review the enclosed subscription policy and then complete the enclosed subscription form and return it to our office no later than April 28, 2005.

You may also access the ACWDLs (letters only Enclosures not included) by using the Internet address of http://www.dhs.ca.gov., and select Medi-Cal Information from the services menu.

If we do not receive your response, your name will be removed from the current mailing list. Should you have any questions regarding this letter, please contact the Medi-Cal Eligibility Branch at (916) 552-9200.

Sincerely,

for Tameron Mitchell, R.D., M.P.H. Chief
Medi-Cal Eligibility Branch

Enclosures

1501 Capitol Avenue, Suite 71.4001, MS 4607, P.O. Box 997417
Sacramento, CA, 95899-74117
(916) 552-9200 Fax (916) 552-9477

SUBSCRIPTION POLICY

The ACWDLs published by the Department of Health Services' (Department), Medi-Cal Eligibility Branch, provide the latest information about Medi-Cal eligibility policy changes and new Medi-Cal programs. The following information listed is the criteria for subscribing to the ACWDLs.

The Department provides ACWDLs at no charge to:

Public or university libraries;
Local or district offices of the Bureau of Indian Affairs;
County Welfare offices;
Governmental agencies;
Welfare rights organizations;
Nonprofit legal organizations; and

Any organization which:

Requests the letters to make them accessible to the public; Is centrally located and accessible to a substantial number of the Medi-Cal population; and Agrees to file all amendments or changes forwarded by the Department.

An organization requesting a subscription **at no charge must provide proof of non-profit tax-exempt status, and a written description detailing how it meets the specified requirements, in addition to completing a subscription request form.**

Organizations that are **not eligible for a subscription at no charge** as defined above **must pay an annual subscription fee of $135 to cover reproduction, postage, and handling costs.** Subscribers will receive each ACWDL published during the calendar year.

All subscribers must complete the enclosed ACWDL Subscription Request Form and return it to the address indicated.

If payment is required, include your check made payable to the Department of Health Services. If your organization is eligible to receive a subscription at no charge, please indicate this on the Subscription Request Form and include the required documentation.

We appreciate your cooperation with this request. If you have any questions about your subscription, please contact the Medi-Cal Eligibility Branch at (916) 552-9200.

ALL COUNTY WELFARE DIRECTORS LETTER SUBSCRIPTION REQUEST FORM

To receive every **All County Welfare Directors Letter (ACWDL)** published for the current calendar year, please **complete the information below, and return this form** to the Department of Health Services (Department) address indicated below. The Department will not process subscriptions requiring payment until payment is received.

To receive a subscription at no charge, you must submit proof of your nonprofit tax exempt status, a brief statement which describes your organization's work and a completed ACWDL request form.

CHECK ONE:

☐ The organization requesting this subscription **meets the requirements** for a subscription at **no charge because it is (circle A or B):**

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Please forward a subscription of All County Welfare Directors Letters to:

Organization Name:	Address:	
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Attention:		Phone:
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Return subscription form and check to:

California Department of Health Services
Medi-Cal Eligibility Branch
Attention: ACWDL Releasing Desk MS 4607
P.O. Box 997417
Sacramento, CA 95899-7417

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	Date	Initials
Subscription fee received by accounting	_____	_____
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Form completed by DHS per written request	_____	_____
Mailing list update requested	_____	_____
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Prior ACWDLs sent to above address	_____	_____

(Rev. 2/22/05)