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This guideline is for training
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This guideline is for training
and internal use only.

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

06/08/1999

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

RE: KID LAVORRA WRONG
DOB: 01/01/1979
CCS#: T50393
CO: BUTTE

DEAR MOM & DAD WRONG:

KID LAVORRA WRONG was referred to the California Children Services (CCS) program by UCD.

If KID LAVORRA WRONG is eligible, the CCS program may pay part or all of KID LAVORRA WRONG'S related medical costs. For more information on the CCS program, please read the enclosed application and/or pamphlet.

Before the county can determine program eligibility, a CCS application must be completed, signed, and returned to this office at the above address. THE APPLICATION MUST BE RETURNED BY 06/28/1999 to ensure that program eligibility begins on the referral date.

After we receive the application, we will contact you again to set up a meeting date to review financial and residential eligibility for CCS benefits.

Please call us at (530)895-6546 if you have any questions.

Sincerely,

California Children Services

Enclosure

cc:

C-36, 99-38508
(App Ltr #1)

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

CCS#: T50393 CIN#: 94702815D2
DATE APP SENT: 06/08/1999
DATE APP DUE: 06/28/1999

APPLICATION FOR SERVICE

This application is to be completed by the parent, legal guardian, or applicant, if 18 years or older. The term "applicant" means the child for whom the services are being requested.

CHILD INFORMATION:

NAME: KID LAVORRA WRONG GENDER: MALE DATE OF BIRTH: 01/01/1979
NAME ON BIRTH CERTIFICATE: _____
714 P STREET, , CHICO,CA, 95926
CHILD'S PHONE: 530 891-9999
CHILD'S BIRTHPLACE: _____

PRINT CORRECTIONS: _____

Social Security Number: ____ - ____ (optional

Language Spoken: _____

PARENT/LEGAL GUARDIAN INFORMATION:

(PRINT CORRECTIONS)

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

HOME PHONE: 530 891-9999
WORK PHONE:
RELATIONSHIP: PARENT(S)
How long at this address?:

MOTHER'S FIRST NAME: _____ MOTHER'S MAIDEN NAME: _____

MEDICAL INSURANCE INFORMATION:

A. Medi-Cal: No___ Yes___ Child's Medi-Cal Number
Share of Cost? No__ Yes__ Amount $_____
B. Medical Insurance: No___ Yes
Name of Insurance Company: _____
(Please check one) __Preferred Provider (PPO) __Major Medical Health Maintenance Organization (HMO)
C. Healthy Families Subscriber? No__ Yes__ Name of Plan: _____

I am applying for CCS and certify that the information I have provided is true and correct to the best of my knowledge. I understand that the completion of this application does not assure acceptance of the applicant by CCS. I give my permission to verify my residence, medical information or other circumstances required for application to CCS.

Your signature below authorizes CCS to proceed with this application.

X_____ Date: _____

Relationship to Child: _____

C-36, 99-38508

WHAT IS CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM? CCS is a program which treats children with certain physical limitations and diseases. The program is paid for by California taxpayers and offers medical care to children whose families cannot afford all or part of needed care.

WHO QUALIFIES FOR CCS? The program is open to anyone who, 1) is under 21 years of age; 2) has a physical limitation or disease that is covered by CCS; 3) is a permanent resident of California; and 4) has a family income of less than $40,000 reported as Adjusted Gross Income on the state tax form, or whose out-of-pocket medical expenses for a child who qualifies is expected to be more than 20 percent of the family income.

HOW DOES A CHILD GET CCS SERVICES? The CCS agency in the county where a child lives approves services for a child. Such requests or referrals may be made by anyone, including the family, school or public health nurse, family doctor, or physician specialist. It is important that referrals be made to CCS as early as possible since CCS does not pay for any medical care that is provided before the date the referral is made. A family must also apply for CCS. Once the family applies, CCS decides whether the child meets the medical, residential, and financial qualifications for CCS.

WHAT MUST THE APPLICANT OR FAMILY DO TO QUALIFY FOR CCS? To obtain CCS for the qualifying disease or limitation as soon as possible, families must: 1) Complete an application form and return it to CCS by the date given. Unless a signed application is received by CCS, CCS cannot make decisions about whether the family qualifies for the program. Approval for services are not given by CCS unless a family meets all of the program qualifications. 2) Give CCS all of the information requested so that CCS can decide whether a family qualifies. If all needed information is not given, the case may not be opened. 3) Apply to Medi-Cal if CCS decides that a family's income qualifies for the Medi-Cal program. If a family qualifies for Medi-Cal the child is also covered by CCS which approves services but payment is made by Medi-Cal. CCS may pay for services which are not covered by Medi-Cal and the family benefits from both programs. In this way, limited CCS funds can be stretched to cover many more families.

PRIVACY NOTIFICATION: The CCS program in the county where you live is asking for the information on this application. The information requested by CCS is required except where the form shows you have a choice. If you do not provide the required information, your child's application is incomplete and CCS may not be able to open the case. The CCS program will keep this information confidential in accordance with Section 41670, Title 22, California Code of Regulations and California Public Records Act (Government Code Section 6250-6265. CCS may share information on the form with authorized staff from other health and welfare programs only when you have provided a signed consent form. You have the right to see your application and CCS records concerning you or your child. If you wish to see these records, contact your county CCS agency. By law, the information you give to CCS is kept by the program. (Section 123800 et seq., of the California Health and Safety Code). California law also requires that families applying for services shall be given the above information (Civil Code Section 1798.17).

YOUR APPEAL RIGHTS: You have the right to appeal decisions made by CCS according to provisions by the California Code of Regulations, Title 22, Chapter 13, Section 42702 - 42703. For information on the appeal process, contact the BUTTE County CCS office at (530)895-6546.

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

SECOND NOTICE
06/30 1999

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

RE: KID LAVORRA WRONG
CCS#: T50393
DOB: 01/01/1979
CO: BUTTE

DEAR MOM & DAD WRONG:

KID LAVORRA WRONG was referred to the California Children Services (CCS) program by UCD.

If KID LAVORRA WRONG is eligible, the CCS program may pay part or all of KID LAVORRA WRONG'S related medical costs. For more information on the CCS program, please read the enclosed application and/or pamphlet.

Before the county can determine program eligibility, a CCS application must be completed and returned to this office at the above address. THE APPLICATION MUST BE RETURNED BY 07/20/1999 to ensure that program eligibility begins on the referral date.

After we receive the application, we will contact you again to set up a meeting date to review financial and residential eligibility for CCS benefits.

Please call us at (530)895-6546 if you have any questions.

Sincerely,

California Children Services

Enclosure

cc:

C-36A, 99-38509
(App Ltr #2)

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

CCS#: T50393 CIN#: 94702815D2
DATE APP SENT: 06 30 /1999
DATE APP DUE: 07/20/1999

APPLICATION FOR SERVICE

This application is to be completed by the parent, legal guardian, or applicant, if 18 years or older. The term "applicant" means the child for whom the services are being requested.

CHILD INFORMATION:

NAME: KID LAVORRA WRONG GENDER: MALE DATE OF BIRTH: 01/01/1979
NAME ON BIRTH CERTIFICATE: _____
714 P STREET, , CHICO,CA, 95926
CHILD'S PHONE: 530 891-9999
CHILD'S BIRTHPLACE: _____

PRINT CORRECTIONS: _____
_____

Social Security Number: ___ ___-___ (optional) Language Spoken: _____

PARENT/LEGAL GUARDIAN INFORMATION:
MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

HOME PHONE: 530 891-9999
WORK PHONE:
RELATIONSHIP: PARENT(S)
How long at this address?:

(PRINT CORRECTIONS)
_____
_____
_____
_____
_____
_____
_____

MOTHER'S FIRST NAME: _____ MOTHER'S MAIDEN NAME: _____

MEDICAL INSURANCE INFORMATION:

A. Medi-Cal: No___ Yes___ Child's Medi-Cal Number: _____
Share of Cost? No___ Yes___ Amount $_____
B. Medical Insurance: No___ Yes___
Name of Insurance Company: _____
(Please check one) Preferred Provider (PPO) ___Major Medical
Health Maintenance Organization (HMO)
C. Healthy Families Subscriber? No___ Yes___ Name of Plan: _____

I am applying for CCS and certify that the information I have provided is true and correct to the best of my knowledge. I understand that the completion of this application does not assure acceptance of the applicant by CCS. I give my permission to verify my residence, medical information or other circumstances required for application to CCS.

Your signature below authorizes CCS to proceed with this application.

X_____ Date: _____

Relationship to Child: _____

C-36A, 99-38509

WHAT IS CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM? CCS is a program which treats children with certain physical limitations and diseases. The program is paid for by California taxpayers and offers medical care to children whose families cannot afford all or part of needed care.

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HOW DOES A CHILD GET CCS SERVICES? The CCS agency in the county where a child lives approves services for a child. Such requests or referrals may be made by anyone, including the family, school or public health nurse, family doctor, or physician specialist. It is important tht referrals be made to CCS as early as possible since CCS does not pay for any medical care that is provided before the date of the referral is made. A family must also apply for CCS. Once the family applies, CCS decides whether the child meets the medical, residential, and financial qualifications for CCS.

WHAT MUST THE APPLICANT OR FAMILY DO TO QUALIFY FOR CCS? To obtain CCS for the qualifying disease or limitation as soon as possible, families must: 1) Complete an application form and return it to CCS at the date given. Unless a signed application is received by CCS, CCS cannot make decisions about whether the family qualifies for the program. Approval for services are not given by CCS unless a family meets all of the program qualifications. 2) Give CCS all of the information requested so that CCS can decide whether a family qualifies. If all needed information is not given, the case may not be opened. 3) Apply to Medi-Cal if CCS decides that a family's income qualifies for the Medi-Cal program. If a family qualifies for Medi-Cal the child is also covered by CCS which approves services but payment is made by Medi-Cal. CCS may pay for services which are not covered by Medi-Cal and the family benefits from both programs. In this way, limited CCS funds can be stretched to cover many more families.

PRIVACY NOTIFICATION: The CCS program in the county where you live is asking for the information on this application. The information requested by CCS is required except where the form shows you have a choice. If you do not provide the required information, your child's application is incomplete and CCS may not be able to open the case. The CCS program will keep this information confidential in accordance with Section 41670, Title 22, California Code of Regulations and California Public Records Act (Government Code Section 6250-6265). CCS may share information on the form with authorized staff from other health and welfare programs only when you have provided a signed consent form. You have the right to see your application and CCS records concerning you or your child. If you wish to see these records, contact your county CCS agency. By law, the information you give to CCS is kept by the program. (Section 123800 et seq., of the California Health and Safety Code). California law also requires that families applying for services shall be given the above information (Civil Code Section 1798.17).

YOUR APPEAL RIGHTS: You have the right to appeal decisions made by CCS according to provisions by the California Code of Regulations, Title 22, Chapter 13, Section 42702 - 42703. For information on the appeal process contact the BUTTE County CCS office at (530)895-6546 if you have any questions.

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

FINAL NOTICE
07 /22/1999

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

RE: KID LAVORRA WRONG
CCS#: T50393
DOB: 01/01/1979
CO: BUTTE

Dear MOM & DAD WRONG:

KID LAVORRA WRONG was referred to California Children Services (CCS) program by UCD.

Two letters with enclosed CCS applications for KID LAVORRA WRONG were mailed to you by this office. Since we have not received an application we cannot take any further action on the referral and cannot pay for any CCS medical benefits from the referral date. Providers requesting payment for services will be notified of this action.

If BUTTE County receives a completed application for KID LAVORRA WRONG after the date of this letter, and KID LAVORRA WRONG is determined to be eligible, CCS may be able to pay for medical services beginning on the date we receive your application.

Please call BUTTE County CCS at (530)895-6546, if you have any questions.

Sincerely,

California Children Services

cc:

CCS-36B, 99-38511

CALIFORNIA CHILDREN`S SERVICES
PLACER COUNTY
[illegible]79 NEVADA STREET
[illegible]BURN,CA 95603
530-886-3630
800-829-7199

10/01/2002
PRIMERA NOTIFICACIÓN

FREDA SOURCE
123 ELM
ROSEVILLE,CA 95747

RE: DONNY GERONIMO
CCS#: T78487
DOB: 02/02/2002
CO: PLACER

ESTIMADO/A FREDA SOURCE:

DONNY GERONIMO fue referido al programa de California Children`s Services (CCS) por DR.OMERA.

Si DONNY GERONIMO es elegible, el programa CCS puede pagar una parte o todos los gastos de los costos médicos de DONNY GERONIMO. Para más información relacionada con el programa CCS, favor de leer el folleto y/o el formulario de solicitud incluido.

Antes de que el condado pueda determinar la elegibilidad para el programa, debe completar un formulario de solicitud para CCS, firmarlo, y devolverlo a esta oficina en la dirección abajo mencionada. LA SOLICITUD DEBE ENVIARSE [illegible]TES DE 10/21/2002 para asegurar que la elegibilidad para el programa comienza en la fecha de la referencia.

Después de recibir su solicitud, nos pondremos en contacto con usted de nuevo para hacer una cita en la que revisaremos su situación financiera y residencial relacionadas con la elegibilidad para obtener los beneficios del CCS.

Favor de llamarnos al número 530-886-3630 si tiene alguna pregunta.

Atentamente

California Children`s Services

Documento adjunto

cc

C-36S, 2002-974
(App Ltr#1 Spanish)

CALIFORNIA CHILDREN`S SERVICES
PLACER COUNTY
79 NEVADA STREET
AUBURN,CA 95603
530-886-3630
800-829-7199

CCS#: T78487 CIN#: 64562401M8
Fecha cuando se envió la solicitud: 10/01/2002
Fecha de devolver la solicitud: 10/21/2002

SOLICITUD DEL SERVICIO

Esta solicitud debe ser completada por los padres, por el guardián legal, o por el solicitante si tiene 18 o más años de edad. El término "solicitante" significa el niño para quién se solicitan los servicios.

INFORMACION DEL NIÑO:
NOMBRE: DONNY GERONIMO SEXO: MALE
NOMBRE EN EL ACTA DE NACIMIENTO: _____
FECHA DE NACIMIENTO: 02/02/2002
123 ELM, , ROSEVILLE,CA, 95747
NUMERO DE TELEFONO:
LUGAR DE NACIMIENTO: _____

IMPRIMA LAS CORRECCIONES: _____

Número de Seguro Social____-___ _____ Idioma que habla:

INFORMACION DE LOS PADRES/GUARDIAN LEGAL (IMPRIMA LAS CORRECIONES)
FREDA SOURCE
123 ELM
ROSEVILLE,CA 95747

TELEFONO DE LA CASA:
TELEFONA DEL TRABAJO:
PARENTESCO: PARENT(S)
¿Cuánto tiempo lleva viviendo en esta dirección?:
Nombre de la madre: _____
Nombre soltera de la madre _____

INFORMACION DE ASEGURANZA MEDICA:
A. Medi-Cal: No___ Sí___ Número del Medi-Cal del niño:_____
¿Comparte el Costo? No___ Sí___ Cantidad $_____
B. Seguro Médico: No___ Sí
Nombre de la Compañía de Seguros:_____
(Favor de marcar) ___ Proveedor Preferido (PPO) ___ Major Medical
Health Maintenance Organization (HMO)
C. ¿Es usted un(a) subscriptor(a) de Healthy Families? No___ Sí___
Nombre del Plan (Médico): _____

Estoy solicitando los servicos de CCS y certifico que la información que he dado es verdadera y correcta según el mejor de mis conocimientos. Entiendo que el completar esta solicitud no me asegura la aceptación del solicitante por parte del CCS. Doy mi permiso para que se verifique mi residencia, la información médica u otra circunstancia requerida para la solicitud del CCS.

Su firma abajo autoriza al CCS a proceder con esta solicitud

X_____ Fecha:

Parentesco con el niño: _____

C-36S, 2002-974

¿QUE ES EL PROGRAMA DE CALIFORNIA CHILDREN`S SERVICES (CCS)?

El CCS es un programa que trata ciertas limitaciones físicas y enfermedades de los niños. El programa es pagado por los contribuyentes del estado de California y ofrece cuidado médico a los niños de las familias que no pueden pagar la totalidad o parte del cuidado necesario.

¿QUIEN CALIFICA PARA EL PROGRAMA CCS?

El programa está abierto para todos aquellos que, 1.)Tengan menos de 21 años de edad; 2.)Tengan una limitación física o enfermedad que sea cubierta por el programa CCS; 3.)sean residentes permanentes del estado de California; 4.)tengan una familia cuyos ingresos anuales brutos declarados en la hoja del formulario de impuestos sean inferiores a $40,000 dólares, o cuyos gastos médicos para el niño pagados de su bolsillo sean superiores al 20% de los ingresos anuales de la familia.

¿COMO OBTIENE EL NIÑO LOS SERVICIOS DEL PROGRAMA CCS?

La agencia del programa CCS en el condado donde vive el niño provee los servicios. Cualquier persona puede hacer las solicitudes o las referencias, incluyendo la familia, la escuela, la enfermera de salud pública, el doctor de la familia, o el médico especialista. Es importante que las solicitudes o las referencias al programa CCS se hagan lo antes posible, ya que el programa no paga ningún gasto médico anterior a la fecha de la solicitud. La familia debe hacer una solicitud de requisitos médicos, residenciales, o financieros.

¿QUE DEBE HACER EL SOLICITANTE O LA FAMILIA PARA CALIFICAR PARA EL PROGRAMA CCS?

Para obtener los servicios del programa de CCS referente a las limitaciones o enfermedades calificados por el programa, las familias deben: 1.)Completar un formulario de solicitud y enviarlo al CCS en la fecha establecida. A menos que se reciba una solicitud firmada, el CCS no puede tomar decisiones acerca de si la familia califica o no para el programa. La aprobación para recibir los servicios no son dados por el CCS si la familia no cumple con todos los requisitos del programa. 2.)Dar toda la información requerida para que el CCS pueda decidir si la familia califica para el programa. Si no se recibe toda información requerida, no se puede abrir el caso. 3.)Solicitar Medi-Cal si el CCS considera que los ingresos anuales de la familia califican para el programa de Medi-Cal. Si la familia califica para el Medi-Cal, el niño recibe también cobertura del CCS y aprobamos los servicios, pero el pago lo hace Medi-Cal. El CCS puede pagar los servcios que no cubre el Medi-Cal y los beneficios de la familia de los dos programas. De esta manera, los fondos limitados del CCS pueden alargarse para cubrir muchas más familias.

NOTIFICACION EN PRIVADO

La agencia de California Children`s Services del condado donde usted vive es la que pide la información en el formulario de solicitud. La información solicitada por el CCS es requerida excepto en aquellos formularios donde se da la opción de darla o no. Si usted no da la información requerida, la solicitud de su niño es incompleta y el CCS no podrá abrir el caso. El CCS puede compartir la información del formulario con el Departmento de Estado de Servicios de Salud del condado donde usted vive. La información no será compartida con nadie más sin una autorización firmada por los padres o por el guardian legal del ni ño. Usted tiene el derecho de ver su solicitud y los records concernientes a su niño. Si usted quiere ver estos records pongase en contacto con la agencia del CCS de su condado. Por ley, la información que usted da al CCS se guarda en el programa. (Section 428, et seq., of California Health & Safety Code).

La ley del estado de California requiere que las familias que solicitan los servicios les sea dada la información detallada arriba (Civil Code Section 1798.17).

SUS DERECHOS DE APELACION

Usted tiene el derecho de apelar las decisiones hechas por el CCS del acuerdo con lo previsto en el California Code of Regulations, Title 22, Chapter 13, Section 42702-42703. Para más información acerca del proceso de apelación, póngase en contacto con la oficina del CCS en el PLACER al número de teléfono 530-886-3630.

CALIFORNIA CHILDREN`S SERVICES
PLACER COUNTY
^79 NEVADA STREET
AUBURN,CA 95603
530-886-3630
800-829-7199

10/01/2002
SEGUNDA NOTIFICACIÓN

FREDA SOURCE
123 ELM
ROSEVILLE,CA 95747

RE: DONNY GERONIMO
CCS#: T78487
DOB: 02/02/2002
CO: PLACER

ESTIMADO/A FREDA SOURCE:

DONNY GERONIMO fue referido al programa de California Children`s Services (CCS) por DR.OMERA.

Si DONNY GERONIMO es elegible, el programa CCS puede pagar una parte o todos los gastos de los costos médicos de DONNY GERONIMO. Para más información relacionada con el programa CCS, favor de leer el folleto y/o el formulario de solicitud incluido.

Antes de que el condado pueda determinar la elegibilidad para el programa, be completar un formulario de solicitud para CCS, firmarlo, y devolverlo a esta oficina en la dirección abajo mencionada. LA SOLICITUD DEBE ENVIARSE ANTES DE 10/21/2002 para asegurar que la elegibilidad para el programa comienze en la fecha de la referencia.

Después de recibir su solicitud, nos pondremos en contacto con usted de nuevo para hacer una cita en la que revisaremos su situación financiera y residencial relacionadas con la elegibilidad para obtener los beneficios del CCS.

Favor de llamarnos al número 530-886-3630 si tiene alguna pregunta.

Atentamente,

California Children`s Services

Documento adjunto

cc

C-36AS, 2002-975
pp Ltr #2 Spanish)

CALIFORNIA CHILDREN`S SERVICES
PLACER COUNTY
`79 NEVADA STREET
/BURN,CA 95603
530-886-3630
800-829-7199

CCS#: T78487 CIN#: 64562401M8
Fecha cuando se envió la solicitud: 10/01/2002
Fecha de devolver la solicitud: 10/21/2002

SOLICITUD DEL SERVICIO

Esta solicitud debe ser completada por los padres, por el guardián legal, o por el solicitante si tiene 18 o más años de edad. El término "solicitante" significa el niño para quién se solicitan los servicios.

INFORMACION DEL NIÑO:
NOMBRE: DONNY GERONIMO SEXO: MALE
NOMBRE EN EL ACTA DE NACIMIENTO: _____
FECHA DE NACIMIENTO: 02/02/2002
123 ELM, , ROSEVILLE,CA, 95747
NUMERO DE TELEFONO:
LUGAR DE NACIMIENTO: _____

IMPRIMA LAS CORRECCIONES: _____
_____

Número de Seguro Social ___-___-_____ Idioma que habla: _____
(opcional)

INFORMACION DE LOS PADRES/GUARDIAN LEGAL (IMPRIMA LAS CORRECIONES)
FREDA SOURCE
123 ELM
ROSEVILLE,CA 95747

TELEFONO DE LA CASA:
TELEFONA DEL TRABAJO:
PARENTESCO: PARENT(S)
¿Cuánto tiempo lleva viviendo en esta dirección?: _____
Nombre de la madre: _____
Nombre soltera de la madre: _____

INFORMACION DE ASEGURANZA MEDICA:
A. Medi-Cal: No___ Sí___ Número del Medi-Cal del niño:_____
¿Comparte el Costo? No Sí Cantidad $_____
B. Seguro Médico: No___ Sí___
Nombre de la Compañía de Seguros:_____
(Favor de marcar) Proveedor Preferido (PPO) ___ Major Medical
___ Health Maintenance Organization (HMO)
C. ¿Es usted un(a) subscriptor(a) de Healthy Families? No___ Sí___
Nombre del Plan (Médico): _____

Estoy solicitando los servicos de CCS y certifico que la información que he dado es verdadera y correcta según el mejor de mis conocimientos. Entiendo que el completar esta solicitud no me asegura la aceptación del solicitante por parte del CCS. Doy mi permiso para que se verifique mi residencia, la información médica u otra circunstancia requerida para la solicitud del CCS.

Su firma abajo autoriza al CCS a proceder con esta solicitud.

X_____ Fecha: _____

Parentesco con el niño: _____

C-36AS, 2002-975

¿QUE ES EL PROGRAMA DE CALIFORNIA CHILDREN`S SERVICES (CCS)?

El CCS es un programa que trata ciertas limitaciones físicas y enfermedades ~ los niños. El programa es pagado por los contribuyentes del estado de .lifornia y ofrece cuidado médico a los niños de las familias que no pueden pagar la totalidad o parte del cuidado necesario.

¿QUIEN CALIFICA PARA EL PROGRAMA CCS?

El programa está abierto para todos aquellos que, 1.)Tengan menos de 21 años de edad; 2.)Tengan una limitación física o enfermedad que sea cubierta por el programa CCS; 3.)sean residentes permanentes del estado de California; 4.)tengan una familia cuyos ingresos anuales brutos declarados en la hoja del formulario de impuestos sean inferiores a $40,000 dólares, o cuyos gastos médicos para el niño pagados de su bolsillo sean superiores al 20% de los ingresos anuales de la familia.

¿COMO OBTIENE EL NIÑO LOS SERVICIOS DEL PROGRAMA CCS?

La agencia del programa CCS en el condado donde vive el niño provee los servicios. Cualquier persona puede hacer las solicitudes o las referencias, incluyendo la familia, la escuela, la enfermera de salud pública, el doctor de la familia, o el médico especialista. Es importante que las solicitudes o las referencias al programa CCS se hagan lo antes posible, ya que el programa no paga ningún gasto médico anterior a la fecha de la solicitud. La familia debe hacer una solicitud de requisitos médicos, residenciales, o financieros.

¿QUE DEBE HACER EL SOLICITANTE O LA FAMILIA PARA CALIFICAR PARA EL PROGRAMA CCS?

Para obtener los servicios del programa de CCS referente a las limitaciones o enfermedades calificados por el programa, las familias deben: 1.)Completar un formulario de solicitud y enviarlo al CCS en la fecha establecida. A menos que se reciba una solicitud firmada, el CCS no puede tomar decisiones acerca de si la familia califica o no para el programa. La aprobación para recibir los servicios no son dados por el CCS si la familia no cumple con todos los requisitos del programa. 2.)Dar toda la información requerida para que el CCS pueda decidir si la familia califica para el programa. Si no se recibe toda información requerida, no se puede abrir el caso. 3.)Solicitar Medi-Cal si el CCS considera que los ingresos anuales de la familia califican para el programa de Medi-Cal. Si la familia califica para el Medi-Cal, el niño recibe también cobertura del CCS y aprobamos los servicios, pero el pago lo hace Medi-Cal. El CCS puede pagar los servcios que no cubre el Medi-Cal y los beneficios de la familia de los dos programas. De esta manera, los fondos limitados del CCS pueden alargarse para cubrir muchas más familias.

NOTIFICACION EN PRIVADO

La agencia de California Children`s Services del condado donde usted vive es la que pide la información en el formulario de solicitud. La información solicitada por el CCS es requerida excepto en aquellos formularios donde se da la opción de darla o no. Si usted no da la información requerida, la solicitud de su niño es incompleta y el CCS no podrá abrir el caso. El CCS puede compartir la información del formulario con el Departmento de Estado de Servicios de Salud del condado donde usted vive. La información no será compartida con nadie más sin una autorización firmada por los padres o por el guardian legal del ni ño. Usted tiene el derecho de ver su solicitud y los records concernientes a su niño. Si usted quiere ver estos records pongase en contacto con la agencia del CCS de su condado. Por ley, la información que usted da al CCS se guarda en el programa. (Section 428, et seq., of California Health & Safety Code).

La ley del estado de California requiere que las familias que solicitan los servicios les sea dada la información detallada arriba (Civil Code Section 1798.17).

SUS DERECHOS DE APELACION

Usted tiene el derecho de apelar las decisiones hechas por el CCS del acuerdo con lo previsto en el California Code of Regulations, Title 22, Chapter 13, Section 42702-42703. ra más información acerca del proceso de apelación, póngase en contacto con .a oficina del CCS en el PLACER al número de teléfono 530-886-3630.

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

06/08/1999

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

RE: KID LAVORRA WRONG
DOB: 01/01/1979
CCS#: T50393
CO: BUTTE

DEAR MOM & DAD WRONG:

KID LAVORRA WRONG was referred to California Children Services (CCS) program by UCD.

This referral was made because Medi-Cal beneficiaries who have CCS eligible conditions must be case managed by CCS.

KID LAVORRA WRONG may be eligible for some benefits from the CCS program which may not be paid by Medi-Cal, if determined medically eligible for CCS. Enclosed is an "Application for Service" form and a "Program Services Agreement" form. Please complete, sign and return the forms to CCS at the address above by 06/28/1999. If you do not return the forms, CCS will only authorize services that are benefits of Medi-Cal and no additional services can be paid for.

Please call the BUTTE County CCS office at (530)895-6546 if you have any questions.

Sincerely,

California Children Services

Enclosure

cc:

C-36M, 99-38513
(App Ltr M/C #1)

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

CCS#: T50393 CIN#: 94702815D2
DATE APP SENT: 06/08/1999
DATE APP DUE: 06/28/1999

APPLICATION FOR SERVICE

This application is to be completed by the parent, legal guardian, or applicant, if 18 years or older. The term "applicant" means the child for whom the services are being requested.

CHILD INFORMATION:

NAME: KID LAVORRA WRONG GENDER: MALE DATE OF BIRTH: 01/01/1979
NAME ON BIRTH CERTIFICATE: _____
714 P STREET, , CHICO,CA, 95926
CHILD'S PHONE: 530 891-9999
CHILD'S BIRTHPLACE: _____

PRINT CORRECTIONS: _____
_____

Social Security Number: ____-____-_ (optional) Language Spoken: _____

PARENT/LEGAL GUARDIAN INFORMATION: (PRINT CORRECTIONS)

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

HOME PHONE: 530 891-9999
WORK PHONE:
RELATIONSHIP: PARENT(S)
How long at this address?:

MOTHER'S FIRST NAME: _____ MOTHER'S MAIDEN NAME: _____

MEDICAL INSURANCE INFORMATION

A. Medi-Cal: No____ Yes____ Child's Medi-Cal Number: _____
Share of Cost? No____ Yes____ Amount $_____
B. Medical Insurance: No____ Yes____
Name of Insurance Company: _____
(Please check one) ___Preferred Provider (PPO) ___Major Medical
___Health Maintenance Organization (HMO)
C. Healthy Families Subscriber? No___ Yes___ Name of Plan: _____

I am applying for CCS and certify that the information I have provided is true and correct to the best of my knowledge. I understand that the completion of this application does not assure acceptance of the applicant by CCS. I give my permission to verify my residence, medical information or other circumstances required for application to CCS.

Your signature below authorizes CCS to proceed with this application.

X _____ Date: _____

Relationship to Child: _____

C-36M, 99-38513

WHAT IS CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM? CCS is a program which treats children with certain physical limitations and diseases. The program is paid for by California taxpayers and offers medical care to children whose families cannot afford all or part of needed care.

WHO QUALIFIES FOR CCS? The program is open to anyone who, 1) is under 21 years of age; 2) has a physical limitation or disease that is covered by CCS; 3) is a permanent resident of California; and 4) has a family income of less than $40,000 reported as Adjusted Gross Income on the state tax form, or whose out-of-pocket medical expenses for a child who qualifies is expected to be more than 20 percent of the family income.

HOW DOES A CHILD GET CCS SERVICES? The CCS agency in the county where a child lives approves services for a child. Such requests or referrals may be made by anyone, including the family, school or public health nurse, family doctor, or physician specialist. It is important that referrals be made to CCS as early as possible since CCS does not pay for any medical care that is provided before the date the referral is made. A family must also apply for CCS. Once the family applies, CCS decides whether the child meets the medical, residential, and financial qualifications for CCS.

WHAT MUST THE APPLICANT OR FAMILY DO TO QUALITY FOR CCS? To obtain CCS for the qualifying disease or limitation as soon as possible, families must: 1) Complete an application form and return it to CCS by the date given. Unless a signed application is received by CCS, CCS cannot make decisions about whether the family qualifies for the program. Approval for services are not given by CCS unless a family meets all of the program qualifications. 2) Give CCS all of the information requested so that CCS can decide whether a family qualifies. If all needed information is not given the case may not be opened. 3) Apply to Medi-Cal if CCS decides that a family's income qualifies for the Medi-Cal program. If a family qualifies for Medi-Cal the child is also covered by CCS which approves services but payment is made by Medi-Cal. CCS may pay for services which are not covered by Medi-Cal and the family benefits from both programs. In this way, limited CCS funds can be stretched to cover many more families.

PRIVACY NOTIFICATION: The CCS program in the county where you live is asking for the information on this application. The information requeted by CCS is required except where the form shows you have a choice. If you do not provide the required information, your child's application is incomplete and CCS may not be able to open the case. The CCS program will keep this information confidential in accordance with Section 41670, Title 22, California Code of Regulations and California Public Records Act (Government Code Section 6250-6265). CCS may share information on the form with authorized staff from other health and welfare programs only when you have provided a signed consent form. You have the right to see your application and CCS records concerning you or your child. If you wish to see these records, contact your county CCS agency. By law, the information you give to CCS is kept by the program. (Section 123800 et seq., of the California Health and Safety Code). California law also requires that families applying for services shall be given the above information (Civil Code Section 1798.17).
Code). California law also requires that families apply for services shall be given the above information (Civil Code Section 1798.17).

YOUR APPEAL RIGHTS: You have the right to appeal decisions made by CCS according to provisions by the California Code of Regulations, Title 22, Chapter 13, Section 42702 - 42703. For information on the appeal process, contact the BUTTE County CCS office at (530)895-6546.

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

CCS#: T50393 CIN#: 94702815D2
DATE APP SENT: 06/30/1999
DATE APP DUE: 07/20/1999

APPLICATION FOR SERVICE

This application is to be completed by the parent, legal guardian, or applicant, if 18 years or older. The term "applicant" means the child for whom the services are being requested.

CHILD INFORMATION:

NAME: KID LAVORRA WRONG GENDER: MALE DATE OF BIRTH: 01/01/1979
NAME ON BIRTH CERTIFICATE: _____
714 P STREET, , CHICO,CA. 95926
CHILD'S PHONE: 530 891-9999
CHILD'S BIRTHPLACE: _____

PRINT CORRECTIONS: _____

Social Security Number: ___ ___ ___ (optional) Language Spoken: _____

PARENT/LEGAL GUARDIAN INFORMATION: (PRINT CORRECTIONS)

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

HOME PHONE: 530 891-9999
WORK PHONE:
RELATIONSHIP: PARENT(S)
How long at this address?:

MOTHER'S FIRST NAME: _____ MOTHER'S MAIDEN NAME: _____

MEDICAL INSURANCE INFORMATION:

A. Medi-Cal: No___ Yes___ Child's Medi-Cal Number: _____
Share of Cost? No___ Yes___ Amount $_____
B. Medical Insurance: No___ Yes___
Name of Insurance Company: _____
(Please check one) __Preferred Provider (PPO) __Major Medical
__Health Maintenance Organization (HMO)
C. Healthy Families Subscriber? No__ Yes__ Name of Plan: _____

I am applying for CCS and certify that the information I have provided is true and correct to the best of my knowledge. I understand that the completion of this application does not assure acceptance of the applicant by CCS. I give my permission to verify my residence, medical information or other circumstances required for application to CCS.

Your signature below authorizes CCS to proceed with this application.

X_____ Date: _____

Relationship to Child: _____

C-36MA, 99-38514

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

SECOND NOTICE
06/30/1999

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

RE: KID LAVORRA WRONG
DOB: 01/01/1979
CCS#: T50393
CO: BUTTE

DEAR MOM & DAD WRONG:

KID LAVORRA WRONG was referred to the California Children Services (CCS) program by UCD.

This referral was made because Medi-Cal beneficiaries who have CCS eligible conditions must be case managed by CCS.

KID LAVORRA WRONG may be eligible for some benefits from the CCS program which may not be paid by Medi-Cal, if determined medically eligible for CCS. Enclosed is an "Application for Service" form and a "Program Services Agreement" form. Please complete, sign and return the forms to CCS at the address above by 07/20/1999. If you do not return the forms, CCS will only authorize services that are benefits of Medi-Cal and no additional services can be paid for.

Please call the BUTTE County CCS office at (530)895-6546 if you have any questions.

Sincerely,

California Children Services

Enclosure

cc:

C-36MA, 99-38514
(App Ltr M/C#2)

WHAT IS CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM? CCS is a program which treats children with certain physical limitations or diseases. The program is paid for by California taxpayers and offers medical care to children whose families cannot afford all or part of needed care.

WHO QUALIFIES FOR CCS? The program is open to anyone who, 1) is under 21 years of age; 2) has a physical limitation or disease that is covered by CCS; 3) is a permanent resident of California; and 4) has a family income of less than $40,000 reported as Adjusted Gross Income on the state tax form, or whose out-of-pocket medical expenses for a child who qualifies is expected to be more than 20 percent of the family income.

HOW DOES A CHILD GET CCS SERVICES? The CCS agency in the county where a child lives approves services for a child. Such requests or referrals may be made by anyone, including the family, school or public health nurse, family doctor, or physician specialist. It is important that referrals be made to CCS as early as possible since CCS does not pay for any medical care that is provided before the date the referral is made. A family must also apply for CCS. Once the family applies, CCS decides whether the child meets the medical, residential, and financial qualifications for CCS.

WHAT MUST THE APPLICANT OR FAMILY DO TO QUALIFY FOR CCS? To obtain CCS for the qualifying disease or limitation as soon as possible, families must: 1) Complete an application form and return it to CCS by the date given. Unless a signed application is received by CCS, CCS cannot make decisions about whether the family qualifies for the program. Approval for services are not given by CCS unless a family meets all of the program qualifications. 2) Give CCS all of the information requested so that CCS can decide whether a family qualifies. If all needed information is not given, the case may not be opened. 3) Apply to Medi-Cal if CCS decides that a family's income qualifies for the Medi-Cal program. If a family qualifies for Medi-Cal the child is also covered by CCS which approves services but payment is made by Medi-Cal. CCS may pay for services which are not covered by Medi-Cal and the family benefits from both programs. In this way, limited CCS funds can be stretched to cover many more families.

PRIVACY NOTIFICATION: The CCS program in the county where you live is asking for the information on this application. The information requested by CCS is required except where the form shows you have a choice. If you do not provide the required information, your child's application is incomplete and CCS may not be able to open the case. The CCS program will keep this information confidential in accordance with Section 41670, Title 22, California Code of Regulations and California Public Records Act (Government Code Section 6250-6265). CCS may share information on the form with authorized staff from other health and welfare programs only when you have provided a signed consent form. You have the right to see your application and CCS records concerning you or your child. If you wish to see these records, contact your county CCS agency. By law, the information you give to CCS is kept by the program. (Section 123800 et seq., of the California Health and Safety Code). California law also requires that families applying for services shall be given the above information (Civil Code Section 1798.17).

YOUR APPEAL RIGHT: You have the right to appeal decisions made by CCS according to provisions by the California Code of Regulations, Title 22, Chapter 13, Section 42702 -42703. For information on the appeal process, contact the BUTTE County CCS office at (530)895-6546 if you have any questions.

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

FINAL NOTICE

July 22, 1999

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

RE: KID LAVORRA WRONG
DOB: 01/01/1979
CCS#: T50393
CO: BUTTE

DEAR MOM & DAD WRONG:

KID LAVORRA WRONG was referred to California Children Services (CCS) program by UCD.

Two letters with enclosed CCS applications were mailed to you by this office. Since we have not received an application for KID LAVORRA WRONG, we cannot pay for any benefits of CCS that Medi-Cal does not cover and no further action will be taken. Providers requesting payment for services will be notified of this action.

If a CCS application arrives after the date of this letter and KID LAVORRA WRONG is determined to be eligible, CCS may be able to pay for medical services not covered by Medi-Cal, beginning on the date we receive your application.

Please call CCS at (530)895-6546 if you have any questions.

Sincerely,

California Children Services

cc:

C-36MB, 99-38515
(App Ltr M/C #3)

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

06/08/1999

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

RE: KID LAVORRA WRONG
DOB: 01/01/1979
CCS#: T50393
CO: BUTTE

DEAR MOM & DAD WRONG:

KID LAVORRA WRONG was referred to the California Children Services (CCS) Medical Therapy Program by UCD.

Before the county can determine if KID LAVORRA WRONG is eligible, a CCS application must be completed, signed, and returned to this office at the above address. THE APPLICATION MUST BE RETURNED BY 06/28/1999.

After we receive the application, you will be notified regarding KID LAVORRA WRONG'S medical eligibility for the CCS Medical Therapy Program.

Please call BUTTE County at (530)895-6546, if you have any questions.

Sincerely,

California Children Services

Enclosure

cc:

C-36MTU, 99-38516
(App Ltr MTU #1)

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

CCS#: T50393 CIN#: 94702815D2
DATE APP SENT: 06/08/1999
DATE APP DUE: 06/28/1999

APPLICATION FOR SERVICES

This application is to be completed by the parent, legal guardian, or applicant, if 18 years or older. The term "applicant" means the child for whom the services are being requested.

CHILD INFORMATION:

NAME: KID LAVORRA WRONG GENDER: MALE DATE OF BIRTH: 01/01/1979
NAME ON BIRTH CERTIFICATE: _____
714 P STREET, ,CHICO,CA, 95926
CHILD'S PHONE: 530 891-9999
CHILD'S BIRTHPLACE: _____

PRINT CORRECTIONS: _____

Social Security Number: ___-____-____ (optional) Language Spoken:

PARENT/LEGAL GUARDIAN INFORMATION: (PRINT CORRECTIONS)

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

HOME PHONE: 530 891-9999
WORK PHONE:
RELATIONSHIP: PARENT(S)
How long at this address?: _____

MOTHER'S FIRST NAME: _____ MOTHER'S MAIDEN NAME: _____

MEDICAL INSURANCE INFORMATION:

A. Medi-Cal: No___ Yes___ Child's Medi-Cal Number: _____
Share of Cost? No___ Yes___ Amount $_____
B. Medical Insurance: No___ Yes___
Name of Insurance Company: _____
(Please check one) __Preferred Provider (PPO) __Major Medical
__Health Maintenance Organization (HMO)
C. Healthy Families Subscriber? No___ Yes___ Name of Plan: _____

I am applying for CCS and certify that the information I have provided is true and correct to the best of my knowledge. I understand that the completion of this application does not assure acceptance of the applicant by CCS. I give my permission to verify my residence, medical information or other circumstances required for application to CCS.

Your signature below authorizes CCS to proceed with this application.

X_____ Date: _____

Relationship to Child: _____

C-36MTU, 99-38516

WHAT IS CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM? CCS is a program which treats children with certain physical limitations and diseases. The program is paid for by California taxpayers and offers medical care to children whose families cannot afford all or part of needed care.

WHO QUALIFIES FOR CCS? The program is open to anyone who 1) is under 21 years of age; 2) has a physical limitation or disease that is covered by CCS; 3) is a permanent resident of California; and 4) has a family income of less than $40,000 reported as Adjusted Gross Income on the state tax form, or whose out-of-pocket medical expenses for a child who qualifies is expected to be more than 20 percent of the family income.

HOW DOES A CHILD GET CCS SERVICES? The CCS agency in the county where a child lives approves services for a child. Such requests or referrals may be made by anyone, including the family, school or public health nurse, family doctor, or physician specialist. It is important that referrals be made to CCS as early as possible since CCS does not pay for any medical care that is provided before the date the referral is made. A family must also apply for CCS. Once the family applies, CCS decides whether the child meets the medical, residential, and financial qualifications for CCS.

WHAT MUST THE APPLICANT OR FAMILY DO TO QUALIFY FOR CCS? To obtain CCS for the qualifying disease or limitation as soon as possible, families must: 1) Complete an application and return it to CCS by the date given. Unless a signed application is received by CCS, CCS cannot make decisions about whether the family qualifies for the program. Approval for services are not given by CCS unless a family meets all of the program qualifications. 2) Give CCS all of the information requested so that CCS can decide whether a family qualifies. If all needed information is not given, the case may not be opened. 3) Apply to Medi-Cal if CCS decides that a family's income qualifies for the Medi-Cal program. If a family qualifies for Medi-Cal the child is also covered by CCS which approves services but payment is made by Medi-Cal. CCS may pay for services which are not covered by Medi-Cal and the family benefits from both programs. In this way, limited CCS funds can be stretched to cover many more families.

PRIVACY NOTIFICATION: The CCS program in the county where you live is asking for the information on this application. The information requested by CCS is required except where the form shows you have a choice. If you do not provide the required information, your child's application is incomplete and CCS may not be able to open the case. The CCS program will keep this information confidential in accordance with Section 41670, Title 22, California Code of Regulations and California Public Records Act (Government Code Section 6250-6265). CCS may share information on the form with authorized staff from other health and welfare programs only when you have provided a signed consent form. You have the right to see your application and CCS records concerning you or your child. If you wish to see these records, contact your county CCS agency. By law, the information you give to CCS is kept by the program. (Section 123800 et seq., of the California Health and Safety Code). California law also requires that families applying for services shall be given the above information (Civil Code Section 1798.17).

YOUR APPEAL RIGHTS: You have the right to appeal decisions made by CCS according to provisions by the Califiornia Code of Regulations, Title 22, Chapter 13, Section 42702 -42703. For information on the appeal process, contact the BUTTE County CCS office at (530)895-6546 if you have any questions.

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA (530)895-6546
(530)895-6546

SECOND NOTICE
06/30/1999

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

RE: KID LAVORRA WRONG
CCS#: T50393
DOB: 01/01/1979
CO: BUTTE

DEAR MOM & DAD WRONG:

KID LAVORRA WRONG was referred to the California Children Services (CCS) Medical Therapy Program by UCD.

Before the county can determine if KID LAVORRA WRONG is eligible, a CCS application must be completed, signed, and returned to this office at the above address. THE APPLICATION MUST BE RETURNED BY 07/20/1999.

After we receive the application, you will be notified regarding KID LAVORRA WRONG'S medical eligibility for the CCS Medical Therapy Program.

Please call BUTTE County at (530)895-6546, if you have any questions.

Sincerely,

California Children Services

Enclosure

cc:

C-36MTU #2, 99-38517
(App Ltr MTU #2)

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

CCS#: T50393 CIN#:
DATE APP SENT: 06/30/1999
DATE APP DUE: 07/20/1999

APPLICATION FOR SERVICE

This application is to be completed by the parent, legal guardian, or applicant, if 18 years or older. The term "applicant" means the child for whom the services are being requested.

CHILD INFORMATION:

NAME: KID LAVORRA WRONG GENDER: MALE DATE OF BIRTH: 01/01/1979
NAME ON BIRTH CERTIFICATE: _____
714 P STREET, , CHICO,CA, 95926
CHILD'S PHONE: 530 891-9999
CHILD'S BIRTHPLACE: _____

PRINT CORRECTIONS: _____
_____

Social Security Number: ____-____-____ (optional) Language Spoken:

PARENT/LEGAL GUARDIAN INFORMATION: (PRINT CORRECTIONS)

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

HOME PHONE: 530 891-9999
WORK PHONE:
RELATIONSHIP: PARENT(S)
How long at this address?:

MOTHER'S FIRST NAME: _____ MOTHER'S MAIDEN NAME: _____

MEDICAL INSURANCE INFORMATION:

A. Medi-Cal: No___ Yes___ Child's Medi-Cal Number: _____
Share of Cost? No___ Yes___ Amount $_____
B. Medical Insurance: No___ Yes___
Name of Insurance Company: _____
(Please check one) ___Preferred Provider (PPO) ___Major Medical
___Health Maintenance Organization (HMO)
C. Healthy Families Subscriber? No___ Yes___ Name of Plan: _____

I am applying for CCS and certify that the information I have provided is true and correct to the best of my knowledge. I understand that the completion of this application does not assure acceptance of the applicant by CCS. I give my permission to verify my residence, medical information or other circumstances required for application to CCS.

Your signature below authorizes CCS to proceed with this application.

X_____ Date: _____

Relationship to Child: _____

C-36MTU-A, 99-38517

WHAT IS CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM? CCS is a program which treats children with certain physical limitations and diseases. The program is paid for by California taxpayers and offers medical care to children whose families cannot afford all or part of needed care.

WHO QUALIFIES FOR CCS? The program is open to anyone who, 1) is under 21 years of age; 2) has a physical limitation or disease that is covered by CCS; 3) is a permanent resident of California; and 4) has a family income of less than $40,000 reported as Adjusted Gross Income on the state tax form, or whose out-of-pocket medical expenses for a child who qualifies is expected to be more than 20 percent of the family income.

HOW DOES A CHILD GET CCS SERVICES? The CCS agency in the county where a child lives approves services for a child. Such requests or referrals may be made by anyone, including the family, school or public health nurse, family doctor, or physician specialist. It is important that referrals be made to CCS as early as possbile since CCS does not pay for any medical care that is provided before the date the referral is made. A family must also apply for CCS. Once the family applies, CCS decides whether the child meets the medical, residential, and financial qualifications for CCS.

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YOUR APPEAL RIGHTS: You have the right to appeal decisions made by CCS according to provisions by the Californai Code of Regulations, Title 22, Chapter 13, Section 42702 - 42703. For information on the appeal process contact the BUTTE County CCS office at (530)895-6546.

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY

CHICO,CA 95973
(530)895-6546

FINAL NOTICE
07/22/1999

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

RE: KID LAVORRA WRONG
CCS#: T50393
DOB: 01/01/1979
CO: BUTTE

Dear MOM & DAD WRONG:

KID LAVORRA WRONG was referred to the California Children Services (CCS) Medical Therapy Program by UCD.

Two letters with enclosed CCS applications for KID LAVORRA WRONG were mailed to you by this office. Since we have not received an application for KID LAVORRA WRONG, we cannot provide Medical Therapy Program services requested.

Please call BUTTE County at (530)895-6546, if you have any questions.

Sincerely,

California Children Services

Enclosure

cc:

C-36MTU-B,99-38518
(app mtu - final notice

CALIFORNIA CHILDREN SERVICES
SAN LUIS OBISPO COUNTY
2156 SIERRA WAY
P.O. BOX 1489
SAN LUIS OBISPO,CA 93406
805-781-5527

12/04/2000
FIRST NOTICE

MR. & MRS. WRONG
3500 DATA DR, 37
QUINCY,CA 95971

RE: KID ROBIN WRONG
DOB: 10/18/1989
CCS#: 3245591
CO: SAN LUIS OBISPO

DEAR MR. & MRS. WRONG:

KID ROBIN WRONG was referred to the California Children Services (CCS) program by DR PHELPS. We have confirmed that KID is enrolled in the Healthy Families (HF) program.

CCS is a special state program operated in each county for infants, children and adolescents. The program uses pediatric physicians, dentists, and special care centers who are expert in the diagnosis and treatment of certain medical and dental conditions. We believe your child would benefit from this expertise.

The HF Health Plan in which KID is enrolled does not cover the services to diagnose and treat CCS-eligible medical conditions. If KID is found to have a CCS-eligible medical condition, the CCS program will cover all of KID`s medical costs related to the CCS-eligible condition. Information on the CCS program is provided with the enclosed CCS application.

We will pay for KID`s medical care to treat the CCS-eligible medical condition before the CCS application process is completed when the medical care is authorized by the CCS program and delivered by a CCS-paneled or approved provider.

Please complete, sign and return the CCS application to this office at the above address. THIS APPLICATION MUST BE RETURNED BY 12/24/2000.

After we receive the completed application, we will contact you again to confirm that KID resides in SAN LUIS OBISPO County and to have you sign a Program Services Agreement so that we can continue to authorize payment for services to treat KID`S CCS-eligible medical condition.

Please call SAN LUIS OBISPO COUNTY CCS at 805-781-5527 if you have any questions.

Sincerely,

California Children Services

Enclosures

cc:

C-36HF,2000-154481
(HF App Ltr. #1)

CALIFORNIA CHILDREN SERVICES
SAN LUIS OBISPO COUNTY
2156 SIERRA WAY
P.O. BOX 1489
SAN LUIS OBISPO,CA 93406
805-781-5527

CCS#: 3245591 CIN#: 98604175D2
DATE APP SENT: 12/04/2000
DATE APP DUE: 12/24/2000

APPLICATION FOR SERVICE

This application is to be completed by the parent, legal guardian, or applicant, if 18 years or older. The term "applicant" means the child for whom the services are being requested.

CHILD INFORMATION:
NAME: KID ROBIN WRONG GENDER: FEMALE DATE OF BIRTH: 10/18/1989
NAME ON BIRTH CERTIFICATE:_____
233500 DATA DR, 37, , QUINCY,CA, 95971
CHILD`S PHONE: 916-283-0044
CHILD`S BIRTHPLACE:_____

PRINT CORRECTIONS: _____

Social Security Number: ____- ____ - ____ (optional) Language Spoken: _____

PARENT/LEGAL GUARDIAN INFORMATION: (PRINT CORRECTIONS)

MR. & MRS. WRONG
3500 DATA DR, 37
QUINCY,CA 95971

HOME PHONE: 916-283-0044
WORK PHONE:
RELATIONSHIP: PARENT(S)
How long at this address?:_____
MOTHER`S FIRST NAME:_____ MOTHER`S MAIDEN NAME:_____

MEDICAL INSURANCE INFORMATION:
A. Medi-Cal: No___ Yes___ Child`s Medi-Cal Number:_____
Share of Cost? No__ Yes__ Amount $_____
B. Medical Insurance: No___ Yes___
Name of Insurance Company: _____
(Please check one) __Preferred Provider (PPO) __Major Medical
__Health Maintenance Organization (HMO)
C. Healthy Families Subscriber? No__ Yes__ Name of Plan:_____

I am applying for CCS and certify that the information I have provided is true and correct to the best of my knowledge. I understand that the completion of this application does not assure acceptance of the applicant by CCS. I give my permission to verify my residence, medical information or other circumstances required for application to CCS.

Your signature below authorizes CCS to proceed with this application.

X_____ Date: _____

Relationship to Child: _____

C-36HF, 2000-154481

WHAT IS CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM? CCS is a program which treats children with certain physical limitations and diseases. The program is paid for by California taxpayers and offers medical care to children whose families cannot afford all or part of needed care.

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CALIFORNIA CHILDREN SERVICES
SAN LUIS OBISPO COUNTY
2156 SIERRA WAY
P.O. BOX 1489
SAN LUIS OBISPO,CA 93406
805-781-5527

12/04/2000
SECOND NOTICE

MR. & MRS. WRONG
3500 DATA DR, 37
QUINCY,CA 95971

RE: KID ROBIN WRONG
DOB: 10/18/1989
CCS#: 3245591
CO: SAN LUIS OBISPO

DEAR MR. & MRS. WRONG:

KID ROBIN WRONG was referred to the California Children Services (CCS) program by DR PHELPS. We have confirmed that KID is enrolled in the Healthy Families (HF) program.

CCS is a special state program operated in each county for infants, children and adolescents. The program uses pediatric physicians, dentists, and special care centers who are expert in the diagnosis and treatment of certain medical and dental conditions. We believe your child would benefit from this expertise.

The HF Health Plan in which KID is enrolled does not cover the services to diagnose and treat CCS-eligible medical conditions. If KID is found to have a CCS-eligible medical condition, the CCS program will cover all of KID`s medical costs related to the CCS-eligible condition. Information on the CCS program is provided with the enclosed CCS application.

We will pay for KID`s medical care to treat the CCS-eligible medical condition before the CCS application process is completed when the medical care is authorized by the CCS program and delivered by a CCS-paneled or approved provider.

Please complete, sign and return the CCS application to this office at the above address. THIS APPLICATION MUST BE RETURNED BY 12/24/2000.

After we receive the completed application, we will contact you again to confirm that KID resides in SAN LUIS OBISPO County and to have you sign a Program Services Agreement so that we can continue to authorize payment for services to treat KID`S CCS-eligible medical condition.

Please call SAN LUIS OBISPO COUNTY CCS at 805-781-5527 if you have any questions.

Sincerely,

California Children Services

Enclosures

cc:

C-36HFA,2000-154482
(HF App Ltr. #2)

CALIFORNIA CHILDREN SERVICES
SAN LUIS OBISPO COUNTY
2156 SIERRA WAY
P.O. BOX 1489
SAN LUIS OBISPO,CA 93406
805-781-5527

CCS#: 3245591 CIN#: 98604175D2
DATE APP SENT: 12/04/2000
DATE APP DUE: 12/24/2000

APPLICATION FOR SERVICE

This application is to be completed by the parent, legal guardian, or applicant, if 18 years or older. The term "applicant" means the child for whom the services are being requested.

CHILD INFORMATION:
NAME: KID ROBIN WRONG GENDER: FEMALE DATE OF BIRTH: 10/18/1989
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233500 DATA DR, 37, , QUINCY,CA, 95971
CHILD`S PHONE: 916-283-0044
CHILD`S BIRTHPLACE:_____

PRINT CORRECTIONS: _____
_____

Social Security Number: ____- ____ - ____ (optional) Language Spoken: _____

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MR. & MRS. WRONG
3500 DATA DR, 37
QUINCY,CA 95971

HOME PHONE: 916-283-0044
WORK PHONE:
RELATIONSHIP: PARENT(S)
How long at this address?:_____

MOTHER`S FIRST NAME:_____ MOTHER`S MAIDEN NAME:

MEDICAL INSURANCE INFORMATION:
A. Medi-Cal: No___ Yes___ Child`s Medi-Cal Number:_____
Share of Cost? No__ Yes__ Amount $_____
B. Medical Insurance: No___ Yes___
Name of Insurance Company: _____
(Please check one) __Preferred Provider (PPO) __Major Medical
__Health Maintenance Organization (HMO)
C. Healthy Families Subscriber? No__ Yes__ Name of Plan:_____

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C-36HFA, 2000-154482

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CALIFORNIA CHILDREN SERVICES
SAN LUIS OBISPO COUNTY
2156 SIERRA WAY
P.O. BOX 1489
SAN LUIS OBISPO,CA 93406
805-781-5527

12/04/2000
THIRD NOTICE

MR. & MRS. WRONG
3500 DATA DR, 37
QUINCY,CA 95971

RE: KID ROBIN WRONG
DOB: 10/18/1989
CCS#: 3245591
CO: SAN LUIS OBISPO

DEAR MR. & MRS. WRONG

KID ROBIN WRONG was referred to the California Children Services (CCS) program by DR PHELPS. We have also confirmed that KID is enrolled in the Healthy Families (HF) Program.

Please remember that KID`s HF insurance plan does not cover services to diagnose and treat KID`s CCS-eligible medical condition. The CCS program will pay the medical care related to the CCS-eligible medical condition that has been authorized by the CCS program and delivered by CCS paneled or approved providers If KID ROBIN WRONG`S HF coverage stops, the CCS program will not be able to continue to pay for the medical care to treat the CCS-eligible medical condition since you have not completed the CCS application process.

Please sign, complete and return the CCS application so that medical care for KID ROBIN WRONG will not be interrupted.

Please call SAN LUIS OBISPO County CCS at 805-781-5527 if you have any questions.

Sincerely,

California Children Services

Enclosure

cc:

C-36HFB,2000-154483
(HF App Ltr #3)

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY (CCS)
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

06/17/1999

COLIN SCHER MD
111 ADDRESS LANE

SACRAMENTO,CA 95814

RE: KID TRACI WRONG
DOB: 07/06/1981
CCS#: T51034
CO: BUTTE

Dear COLIN SCHER MD:

The California Children Services (CCS) will close the case file for the above client on 06/17/1999. Any service authorizations prior to the closure date will be paid.

This case is being closed for the following reason(s):

MEDICALLY INELIGIBLE

THIS SPACE IS AVAILABLE FOR FREE TEXT

If you have questions regarding the closure or wish to appeal this decision, please contact the BUTTE CCS office at (530)895-6546.

Thank you for your interest in the CCS program.

Sincerely

California Children Services

cc: BUTTE County CCS

MC 2134, 99-41020
(vendor closure)

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

CALIFORNIA CHILDREN`S SERVICES (CCS)
CONSENT FOR MEDICAL THERAPY PROGRAM SERVICES

_____
Medical Therapy Unit

County: LOS ANGELES

I hereby authorize California Childeren`s Services to provide the medically necessary physical therapy and/or occupational therapy services through the Medical Therapy Program for TAB TEST.

These services may include therapy evaluation, treatment, monitoring, instruction, consultation, and periodic review by the Medical Therapy Conference team to assess the need for implementing, modifying, and/or continuing services.

In understand that I have the right to appeal if I disagree with the CCS-approved therapy plan and that a copy of the appeal process is attached to this form.

Signature of Parent, Caregiver, or Patient (if over 18 years of age)	Relationship to Patient	Date
Signature of CCS Representative	Print name of CCS Representative	Date

CALIFORNIA CHILDREN SERVICES
SRO-SACRAMENTO REGIONAL OFFICE
714 P STREET, ROOM 323
P.O. BOX 942732
SACRAMENTO,CA94234-7320
916-653-8050

CHILDRENS HOME CARE
6430 SUNSET BLVD.
SUITE 400
LOS ANGELES,CA 90028

06/16/1999

RE: KID SMITH WRONG
DOB: 01/23/1998
CCS#: 3273185
CO: COLUSA

California Children Services (CCS) received a service request from you for KID SMITH WRONG related to the following referral condition(s):

829:FRACTURE

The service(s) you requested were: (Req #23201)

HOSPITALIZATION
THIS IS A DEMO OF A DENIAL LETTER

For the reason(s) noted below, we are unable to authorize your request:

THIS SPACE IS AVAILABE FOR FREE TEXT.

Please call 916-653-8050 and ask for the case manager assigned to KID SMITH WRONG if you have any questions.

Sincerely,

California Children Services

cc

CCS-72, 99-40867
(Deny Request 7/94)

CALIFORNIA CHILDREN SERVICES
COLUSA
251 E. WEBSTER STREET
P.O. BOX 610
COLUSA,CA 95932
530 458-0393
800-655-3110

06/16/1999

CHILD HOSP-DEPT PED REHA
C/O THE MORF ORG
P O BOX 6114
NOVATO,CA 94608

RE: KID SMITH WRONG
DOB: 01/23/1998
CCS#: 3273185
CO: COLUSA

DEAR CHILD HOSP-DEPT PED REHA:

THIS IS THE SPACE AVAILABE FOR THE TEXT TO BE TYPED BY THE COUNTY.

Sincerely,

California Children Services

cc:

CO-FREE1, 99-40858
Co Ltr to Vendor

CALIFORNIA CHILDREN SERVICES
COLUSA
251 E. WEBSTER STREET
P.O. BOX 610
COLUSA,CA 95932
530 458-0393
800-655-3110

06/16/1999

HEHEHE & J. TESTER WRONG
789 NEW ADDRESS
MERCED,CA 95340

RE: KID SMITH WRONG
DOB: 01/23/1998
CCS#: 3273185
CO: COLUSA

DEAR HEHEHE & J. TESTER WRONG:

THIS IS THE SPACE AVAILABE FOR FREE TEXT.

Sincerely,

California Children Services

cc:

CO-FREE2, 99-40859
Co Ltr to Family

CALIFORNIA CHILDREN SERVICES
SRO-SACRAMENTO REGIONAL OFFICE
714 P STREET, ROOM 323
P.O. BOX 942732
SACRAMENTO,CA 94234-7320
916-653-8050

06/16/1999

JOHN MD CHILD
BOX 24DD5 WESTWOOD STA
LOS ANGELES,CA 90024

RE: KID SMITH WRONG
DOB: 01/23/1998
CCS#: 3273185
CO: COLUSA

DEAR JOHN MD CHILD:

THIS SPACE IS AVAILABLE FOR FREE TEXT.

Sincerely,

California Children Services

cc:

RO-FREE1, 99-40862
RO Ltr to Vendor

CALIFORNIA CHILDREN SERVICES
SRO-SACRAMENTO REGIONAL OFFICE
714 P STREET, ROOM 323
P.O. BOX 942732
SACRAMENTO,CA 94234-7320
916-653-8050

06/16/1999

HEHEHE & J. TESTER WRONG
789 NEW ADDRESS
MERCED,CA 95340

RE: KID SMITH WRONG
DOB: 01/23/1998
CCS#: 3273185
CO: COLUSA

DEAR HEHEHE & J. TESTER WRONG:

THIS SPACE IS AVAILABE FOR FREE TEXT.

Sincerely,

California Children Services

cc:

RO-FREE2, 99-40863
RO Ltr to Family

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

CALIFORNIA CHILDREN`S SERVICES
HEALTH INSURANCE INFORMATION

___Medical Insurance
___Dental Insurance

Patient Name: TAB TEST CCS Number: 3292510 County: LOS ANGELES

Type of insurance plan (check one)
___Major medical ___Preferred Provider Organization (PPO)
___Health Maintenance Organization (HMO)

1. _____ _____ _____
Name of insurance plan Policy ID/Group No. Effective date of policy

_____ _____ _____ _____
Claims office address (number/street) City State Zip Code

_____ _____
Phone number

2. _____ _____
Policy holder`s name Social Security Number

_____ _____ _____ _____
Address (number,street) City State Zip Code

3 _____ ( )_____
Employer of insured Phone Number

_____ _____ _____ _____
Address (number,street) City State Zip Code

4. _____ _____
Union name Local number

_____ _____ _____ _____
Address (number,street) City State Zip Code

DESCRIPTION OF INSURANCE BENEFITS

Child`s Professional Care (Maximum Amount)

		Coverage		Extent
5.	Office visits	___Yes	___No	$_____
6.	Outpatient, x-ray, laboratory	___Yes	___No	$_____
7.	Surgery	___Yes	___No	$_____
8.	Assistant surgery	___Yes	___No	$_____
9.	Anesthesia	___Yes	___No	$_____
10.	Hospital visits	___Yes	___No	$_____
11.	Other _____	___Yes	___No	$_____

12. Limitations: _____

CALIFORNIA CHILDREN`S SERVICES
HEALTH INSURANCE INFORMATION

Patient Name: TAB TEST CCS Number: 3292510 County: LOS ANGELES

Child`s Hospital Care (Maximum Amount)

13. Room and board ___Yes ___No $_____ per day for _____days
14. Miscellaneous hospital services $_____

15. Limitations: _____

16. Major medical or extended benefits ___Yes ___No

Prescriptions	___Yes	___No	Brace Repairs	___Yes	___No
Glasses/repair	___Yes	___No	Hearing aids	___Yes	___No
Braces	___Yes	___No	Hearing aid accessories	___Yes	___No
Dental plan	___Yes	___No	Orthodontics	___Yes	___No
Other: _____	___Yes	___No			

17. Deductible $_____ at _____% per ___Calendar year Benefit year
    If benefit year, effective date _____
    If newborn, effective date of policy _____

18. Maximum benefits $_____ per _____
    Lifetime of policy: ___Illness Year

19. I agree to repay California Children`s Services any insurance proceeds improperly diverted by me. I acknowledge the Privacy Statement at the bottom of this form.

_____ _____
Signature of parent or legal guardian Date

_____ _____ _____
Report completed by Title Date

CALIFORNIA CHILDREN`S SERVICES
HEALTH INSURANCE INFORMATION

Privacy Statement

The information on this form is required by the county and state California Children`s Services (CCS) as part of your application for assistance, as CCS cannot pay for that portion of expenses which are a benefit of your insurance resource. The information is maintained pursuant to Section 123800, et seq., of the California Health and Safety Code. You are required to provide the information on this form. If you do not provide this information, eligibility for services may be denied. Any information which you provide may be used by county and state CCS offices, the State Department of Health Services, and providers of services. You have a right to review records maintained by CCS concerning you. If you wish to review these records, contact the person responsible for the records in your county CCS office. Appeals may be directed to: Maridee A. Gregory, M.D., Chief, Children`s Medical Services, P.O. Box 997413, Sacramento, CA 95899-7413 (telephone (916) 327-1400). After reviewing your records you may request in writing that they be corrected or amended to make them accurate, relevant and complete.

CALIFORNIA CHILDREN`S SERVICES
LOS ANGELES COUNTY
9320 TELSTAR STREET, SUITE 226
EL MONTE,CA 91731
(800) 288-4584

04/03/2006

MR. & MRS. TEST
714 P STREET
SACRAMENTO,CA 95814

RE: TAB TEST
DOB: 01/01/1990
CCS#: 3292510
CO: LOS ANGELES

HEALTHY FAMILIES STATEMENT OF ANNUAL INCOME

My family`s annual household income is: (check the correct response)

At or below $40,000

Above $40,000

I declare that the foregoing answer is true and correct to the best of my knowledge.

Signature of Applicant/Parent/Legal Guardian Date Signed

This information is only being used to confirm your child`s eligibility for the CCS program because CCS is authorizing the care to treat your child`s special medical problems.

HF Statement, 2006-38
Healthy Families Statement

CALIFORNIA CHILDREN SERVICES - (COUNTY)
MEDI-CAL APPLICATION AGREEMENT/PROOF OF COMPLETION

Child's Name: _____ Birthdate: _____
Parent/Guardian Name: _____ Phone: _____
Address: _____

TO PARENT(S)/GUARDIAN(S)/CLIENT:

_____ County CCS has determined that you/your child may be eligible for Medi-Cal benefits. Therefore, before CCS can authorize payment for any medical services, you are required to complete an application for Medi-Cal benefits and provide proof that you have cooperated with filing all requested documents to the Medi-Cal office. CCS will not pay for any medical services if the application process for Medi-Cal is not completed.*

****

I understand the above and agree to complete the Medi-Cal application process. I will apply to Medi-Cal within two (2) weeks of this notice. I authorize Medi-Cal to release information to CCS regarding my application and eligibility.

_____ _____
Parent/Guardian/Client Signature Date

I do not want to apply for Medi-Cal benefits. I understand that my refusal to apply automatically makes me ineligible to receive CCS benefits and that I am responsible for my/my child's medical bills.

_____ _____
Parent/Guardian/Client Signature Date

****

TO MEDI-CAL CASE WORKER: (CASE WORKER TO COMPLETE AND RETURN TO CCS)

For the above child to be eligible for CCS, we need evidence that an application for Medi-Cal has been made (W&I Code, Sec. 14103.8(c)). If a Medi-Cal application has been completed and all necessary documents submitted, please complete the following:

Date applied for Medi-Cal:
Comments: _____

_____

_____ _____ _____
Signature Date Phone

Return to: California Children Services, _____ County

_____

****

* The information on this form is required by the California Children Services Program of the State of California in order to determine your eligibility for services and the amount, if any, that you are required to pay for services. This information is maintained pursuant to Section 248 et seq. of the California Health and Safety Code. YOU ARE REQUIRED TO PROVIDE THE INFORMATION ON THIS FORM. IF YOU DO NOT PROVIDE THIS INFORMATION, ELIGIBILITY FOR SERVICES MAY BE DENIED.

CALIFORNIA CHILDREN`S SERVICES
PLACER COUNTY (CCS)
379 NEVADA STREET
AUBURN,CA 95603
530-886-3630

10/01/2002

JON SMITH MD
1515 K STREET
SACRAMENTO,CA 95814

RE: DONNY GERONIMO
DOB: 02/02/2002
CCS#: T78487
CO: PLACER
MED REC#: 12345678998745632414

DONNY GERONIMO was referred to California Children`s Services (CCS) by DR.OMERA.

In order to expedite determination of medical eligibility for the CCS program, CCS needs to obtain the following: MOST CURRENT MEDICAL REPORTS,
REVIEW FOLLOWUP
MEDICAL STATUS
DX EVAL FOLLOWUP
DISCHARGE SUMMARY

(or as dated, below), including history and physical findings related to the following referral condition(s) for DONNY GERONIMO by 10/21/2002:

768.5:SEVERE BIRTH ASPHYXIA
:
:
:
:

ADDITIONAL INFO	DATED	ADDITONAL INFO	DATED
__ Tx Plans & Recommend.		__ Hist & Phys Exam	
__ Progress Report		__ Operative Report	
__ Hosp D/C Summary		__ Equip & Med Supplies	

FREE TEXT ENTERED HERE.

Please send all documents to the address above. If you have any questions, please call 530-886-3630 and ask for the case manager assigned to DONNY GERONIMO.

Thank you,

California Children`s Services

cc

C-13, 2002-967
(Med Rpt Req 5/95)

CALIFORNIA CHILDREN`S SERVICES
PLACER COUNTY
379 NEVADA STREET
AUBURN,CA 95603
530-886-3630
530-829-7199

KATE JONES MD
1515 K STREET
SUITE 500
DUTCH FLAT,CA 95714

10/01/2002

RE: DONNY GERONIMO
DOB: 02/02/2002
CCS#: T78487
CO: PLACER
MED REC#: 98989898989778989898

DONNY GERONIMO was referred to California Children`s Services (CCS) by DR.OMERA.

In order to expedite determination of medical eligibility for the CCS program, CCS needs to obtain the following: CURRENT MEDICAL REPORTS,
DISCHARGE SUMMARY
HISTORY AND PHYSICAL
PROGRESS NOTES
REVIEW FOLLOWUP

including history and physical findings, related to the following referral condition(s) for DONNY GERONIMO by 10/21/2002:

768.5:SEVERE BIRTH ASPHYXIA
:
:
:
:

Please forward all requested medical report information to:

CALIFORNIA CHILDREN`S SERVICES
PLACER COUNTY (CCS)
379 NEVADA STREET

AUBURN,CA 95603

If you have any questions, please call the number above, or call the Regional Office at 530-886-3630 and ask for the case manager assigned to DONNY GERONIMO.

Sincerely,

California Children`s Services

cc:

C-13A, 2002-969

CALIFORNIA CHILDREN`S SERVICES
PLACER COUNTY (CCS)
379 NEVADA STREET
AUBURN,CA 95603
530-886-3630
530-829-7199

FINAL NOTICE
10/01/2002

JON SMITH MD
1515 K STREET
SACRAMENTO,CA 95814

RE: DONNY GERONIMO
DOB: 02/02/2002
CCS#: T78487
CO: PLACER
MED REC#: 12345678998745632414

DEAR JON SMITH MD:

DONNY GERONIMO was referred to California Children`s Services (CCS) by DR.OMERA.

We requested medical reports for DONNY GERONIMO approximately 20 days ago, but have not received the report(s) as of this date. In order to expedite determination of medical eligibility for the CCS program, CCS needs to obtain the following: MOST CURRENT MEDICAL REPORTS,
REVIEW FOLLOWUP
MEDICAL STATUS
DX EVAL FOLLOWUP
DISCHARGE SUMMARY

(or as dated, below), including history and physical findings related to the following referral condition(s) by 10/21/2002:

768.5:SEVERE BIRTH ASPHYXIA

INFO REQUESTED	DATED	INFO REQUESTED	DATED
__ Tx Plans & Recommend.		__ Hist & Phys Exam	
__ Progress Report		__ Operative Report	
__ Hosp D/C Summary		__ Equip & Med Supplies	

FREE TEXT ENTERED HERE.

If we do not receive the requested medical reports by 10/21/2002, CCS can take no further action on the referral and cannot pay for medical services for DONNY GERONIMO. Please send all documents to the address above. If you have any questions, please call 530-886-3630 and ask for the case manager assigned to DONNY GERONIMO.

Sincerely,

California Children`s Services

cc:

C-14, 2002-968
(Final Med Rpt Req)

CALIFORNIA CHILDREN`S SERVICES
PLACER COUNTY
379 NEVADA STREET
AUBURN,CA 95603
530-886-3630
800-829-7199

10/01/2002

CHOCOLATE BAKER MD
1515 K STREET
COOL,CA 95614

RE: GERONIMO,DONNY
DOB: 02/02/2002
CCS#: T78487
CO: PLACER
MED REC#: 12121346546798794349

DEAR CHOCOLATE BAKER MD:

DONNY GERONIMO was referred to California Children`s Services (CCS) with the following referral condition(s):

768.5:SEVERE BIRTH ASPHYXIA

In order to expedite determination of medical eligibility for the CCS program, CCS nees to obtain history and physical findings and the following: MOST CURRENT MEDICAL REPORTS,
PROGRESS NOTES
HISTORY AND PHYSICAL
REVIEW FOLLOWUP
MEDICAL STATUS

Please only include reports relating to the above referenced medical condition(s). If DONNY GERONIMO has been hospitalized, the admission and discharge summaries are also required.

Please submit medical reports by 10/21/2002. A signed "Authorization to Release Information" form is enclosed.

Thank you for your time and prompt response.

Sincerely,

California Children`s Services

Enclosure

45

C-17, 2002-971

** AUTHORIZATION TO RELEASE INFORMATION **
CALIFORNIA CHILDREN SERVICES

I AUTHORIZE: COLIN SCHER MD

3030 CHILDRENS WAY, SUITE 109
SAN DIEGO,CA 92123

ATTN: MEDICAL RECORDS DEPARTMENT

TO RELEASE COPIES OF MEDICAL RECORDS FOR:

RE: KID SMITH WRONG
DOB: 01/23/1998
CCS#: 3273185
CO: COLUSA
MED RECORD #:

TO THE FOLLOWING ADDRESSES:

CALIFORNIA CHILDREN SERVICES
SRO-SACRAMENTO REGIONAL OFFICE
714 P STREET, ROOM 323
P.O. BOX 942732
SACRAMENTO,CA 94234-7320

PH#: 916-653-8050

AND

CALIFORNIA CHILDREN SERVICES
COLUSA COUNTY
251 E. WEBSTER STREET
P.O. BOX 610
COLUSA,CA 95932

PH#: 530 458-0393

_____
Client Signature or Legal Representative Date

_____
Legal Representative's Relationship to Client

C-17A, 99-40856
(ROI form)

** AUTHORIZATION TO RELEASE INFORMATION **
CALIFORNIA CHILDREN SERVICES

I AUTHORIZE:

HAL C MD SCHERZ
P O BOX 232410
SAN DIEGO,CA 92123

ATTN: MEDICAL RECORDS DEPT.

TO RELEASE COPIES OF MEDICAL REPORTS FOR:

RE: KID SMITH WRONG
DOB: 01/23/1998
CCS#: 3273185
CO: COLUSA
MED RECORD #:

TO THE FOLLOWING ADDRESS:

CALIFORNIA CHILDREN SERVICES
COLUSA
251 E. WEBSTER STREET
P.O. BOX 610
COLUSA,CA
95932
530 458-0393

Client Signature or Legal Representative Date

Legal Representative's Relationship to Client

C-17AI, 99-40857
ROI-Ind Co Form

CALIFORNIA CHILDREN SERVICES
COLUSA COUNTY
251 E. WEBSTER STREET
P.O. BOX 610
COLUSA,CA 95932

AA MEDICAL
P.O. BOX 28068
LAS VEGAS,NV 89102

06/16/1999

RE: KID SMITH WRONG
DOB: 01/23/1998
CCS#: 3273185
CO: COLUSA

KID SMITH WRONG was referred to California Children Services with a Medical Therapy Program eligible condition.

In order to determine MEDICAL NECESSITY for Occupational Therapy and/or Physical Therapy services, a medical report of a recent examination of KID SMITH WRONG is required. The following must be included:

1. Current clinical findings of the eligible condition, including neuromuscular or musculoskeletal limitations.
2. KID SMITH WRONG's current level of function in self care activities and mobility.
3. Benefits of any previous therapy (when reordering treatment.)
4. Functional goal(s) to be attained when ordering treatment.
5. KID SMITH WRONG's rehabilitation potential.

Separate prescriptions for Occupational Therapy and for Physical Therapy are required, if both OT and PT are requested. Each must include:

1. Frequency of treatment.
2. Duration of the prescription (not to exceed 6 months).

Please send this information to the address above. CCS therapy services cannot be provided until this information is received and reviewed. A current report from the prescribing M.D. describing KID SMITH WRONG's response to the treatment services provided and the continued medical necessity for Occupational and/or Physical Therapy will be required each time a new prescription is written. If you have any questions, please call the therapy consultant at 530 458-0393.

Sincerely,

California Children Services

cc:

MTU-1, 99-40864
(mtu rpt req 1)

CALIFORNIA CHILDREN SERVICES
COLUSA COUNTY
251 E. WEBSTER STREET
P.O. BOX 610
COLUSA,CA 95932
530 458-0393
800-655-3110

SECOND NOTICE

AA MEDICAL
P.O. BOX 28068
LAS VEGAS,NV 89102

06/16/1999
RE: KID SMITH WRONG
DOB: 01/23/1998
CCS#: 3273185
CO: COLUSA

KID SMITH WRONG was referred to California Children Services with a Medical Therapy Program eligible condition.

This is the second request for a medical report of a recent examination of KID SMITH WRONG to determine MEDICAL NECESSITY for Occupational and/or Physical Therapy services. The following information must be included:

1. Current clinical findings of the eligible condition, including neuromuscular or musculoskeletal limitations.
2. KID SMITH WRONG's current level of function in self care activities and mobility.
3. Benefits of any previous therapy (when reordering treatment).
4. Functional goal(s) to be attained when ordering treatment.
5. KID SMITH WRONG's rehabilitation potential.

Separate prescriptions for Occupational Therapy and for Physical Therapy are required. Each must include:

1. Frequency of treatment.
2. Duration of the prescription (not to exceed 6 months).

Please send this information to the address above by 07/16/1999. CCS therapy services cannot be provided until this information is received and reviewed. A current report from the prescribing M.D. describing KID SMITH WRONG's response to the treatment services provided and the continued medical necessity for Occupational and/or Physical Therapy will be required each time a new prescription is written. If you have any questions, please call the therapy consultant at 530 458-0393.

Sincerely,

California Children Services

cc:

MTU-2, 99-40865
(mtu rpt req 2)

CALIFORNIA CHILDREN SERVICES
SRO-SACRAMENTO REGIONAL OFFICE
714 P STREET, ROOM 323
P.O. BOX 942732
SACRAMENTO,CA 94234-7320
916-653-8050

HEHEHE & J. TESTER WRONG
789 NEW ADDRESS
MERCED,CA 95340

NOTICE OF ACTION

06/16/1999
RE: KID SMITH WRONG
DOB: 01/23/1998
CCS#: 3273185
CO: COLUSA

DEAR HEHEHE & J. TESTER WRONG:

The California Children Services program is required to provide you with written notice when eligibility or services are denied. After reviewing all available information, the following determination was made:

There is no documentation of medical eligibility for CCS at this time. CCS program eligibility is therefore denied or discontinued.

Citations: Health and Safety Code 123830; Title 22, California Code of Regulations, Section 41800.

The effective date of this Notice of Action is 06/16/1999.

THIS SPACE IS AVAILABLE FOR FREE TEXT.

The Notice of Action (NOA) is required by California Code of Regulations, Title 22, Section 42701. If you have any questions or if there are additional facts relating to your circumstances which you have not reported, please telephone CCS at 916-653-8050.

If you are dissatisfied with the above action, you may request an appeal. Information concerning your right to appeal, how to initiate an appeal, and where to obtain detailed information on the process, is explained on the enclosure.

Sincerely,

California Children Services

(Enclosure)
cc:

NOA, 99-40860

CALIFORNIA CHILDREN SERVICES PROGRAM
NOTICE OF ACTION - APPEAL PROCESS

PATIENT NAME: KID SMITH WRONG
DATE OF BIRTH: 01/23/1998
CCS CASE NUM: 3273185
COUNTY: COLUSA

The California Children Services (CCS) program appeals process provides the applicant, parent, legal guardian, or authorized representative with a formal structure for disagreeing with a decision made by CCS.

You have the right to appeal the action taken or proposed by the CCS program and reported to you on this form.

The procedure for filing an appeal in response to a Notice of Action is as follows:

1. Submit your appeal by letter or use an appeal form. (Copies of an appeal form can be obtained from your local CCS office.) Your appeal must include: the CCS agency decision that you are appealing, the action you want taken, and the supportive information and documentation.

2. The appeal MUST be submitted by 07/16/1999, which is 30 calendar days from the date on the Notice of Action.

3. If the appeal concerns the reduction or termination of currently authorized services and you wish these to be continued during the appeal process, your appeal must state this in the request.

4. You may request and receive help and information on the appeal process through your local CCS program. Assistance and representation may also be available through organizations that provide legal assistance.

5. Your appeal is to be submitted to the CCS office designated below:

   CALIFORNIA CHILDREN SERVICES
   SRO-SACRAMENTO REGIONAL OFFICE
   714 P STREET, ROOM 323
   P.O. BOX 942732
   SACRAMENTO,CA 94234-7320

6. You have a right to review the CCS file and medical records for KID SMITH WRONG.

Note: The right to appeal and the description of the "first level of appeal" is in the California Code of Regulations, Title 22, Article 2, Sections 42702 and 42703.

IF YOU HAVE QUESTIONS ABOUT THE FILING OF AN APPEAL, PLEASE CALL YOUR LOCAL CCS OFFICE AT: 530 458-0393.

CALIFORNIA CHILDREN SERVICES
SAN LUIS OBISPO COUNTY
56 SIERRA WAY
P.O. BOX 1489
SAN LUIS OBISPO,CA 93406
805-781-5527

MR. & MRS. WRONG
3500 DATA DR, 37
QUINCY,CA 95971

NOTICE OF ACTION

12/04/2000
RE: KID ROBIN WRONG
DOB: 10/18/1989
CCS#: 3245591
CO: SAN LUIS OBISPO

DEAR MR. & MRS. WRONG:

The California Children Services program is required to provide you with written notice when eligibility or services are denied. After reviewing all available information, the following determination was made:

The CCS program requires that all applicants who may be eligible for the Medi-Cal program complete a Medi-Cal application and cooperate with the application process. Since you did not complete the Medi-Cal application process, CCS program eligibility is denied.

Citations: Health and Safety Code Section 123995; Title 22, California Code of Regulations, Section 42000.

The effective date of this Notice of Action is 10/15/2000

THIS SPACE AVAILABLE FOR FREE TEXT

The Notice of Action (NOA) is required by California Code of Regulations Title 22, Section 42701. If you have any questions or if there are additional facts relating to your circumstances which you have not reported, please telephone CCS at 805-781-5527.

If you are dissatisfied with the above action, you may request an appeal Information concerning your right to appeal, how to initiate an appeal, and where to obtain detailed information on the process, is explained on the enclosure.

Sincerely,

California Children Services

(Enclosure)
CC:

NOA-DC, 2000-154487

CALIFORNIA CHILDREN SERVICES PROGRAM
NOTICE OF ACTION - APPEAL PROCESS

PATIENT NAME: KID ROBIN WRONG
DATE OF BIRTH: 10/18/1989
CCS CASE NUM: 3245591
COUNTY: SAN LUIS OBISPO

The California Children Services (CCS) program appeals process provides the applicant, parent, legal guardian, or authorized representative with a formal structure for disagreeing with a decision made by CCS.

You have the right to appeal the action taken or proposed by the CCS program and reported to you on this form.

The procedure for filing an appeal in response to a Notice of Action is as follows:

1. Submit your appeal by letter or use an appeal form. (Copies of an appeal form can be obtained from your local CCS office.) Your appeal must include: the CCS agency decision that you are appealing, the action you want taken, and the supportive information and documentation.

2. The appeal MUST be submitted by 01/03/2001, which is 30 calendar days from the date on the Notice of Action.

3. If the appeal concerns the reduction or termination of currently authorized services and you wish these continued during the appeal process, your appeal must state this in the request.

4. You may request and receive help and information on the appeal process from your local CCS program. Assistance and representation may also be available through organizations that provide legal assistance.

5. Your appeal is to be submitted to the CCS office designated below:

   CALIFORNIA CHILDREN SERVICES
   SAN LUIS OBISPO COUNTY (CCS)
   2156 SIERRA WAY
   P.O. BOX 1489
   SAN LUIS OBISPO,CA 93406

6. You have a right to review the CCS file and medical records for KID ROBIN WRONG.

Note The right to appeal and the description of the "first level of appeal" is in the California Code of Regulations, Title 22, Article 2, Sections 42702 and 42703.

IF YOU HAVE ANY QUESTIONS ABOUT THE FILING OF AN APPEAL, PLEASE CALL YOUR LOCAL CCS OFFICE AT: 805-781-5527.

NOA CITATIONS LISTING

ID

DESCRIPTION

TEXT

AGE1

DENY APP - OVER 21

Eligibility for the CCS program is limited to persons under 21 years of age. Since |PATIENT NAME| is over the age of 21, CCS program eligibility is denied or discontinued.

Citations: Health and Safety Code, Sections 123805, 123830; Title 22, California Code of Regulations, Section 41510.

FIN1

FAILED TO COMPLETE M/C APP

The CCS program requires that all applicants who may be eligible for the Medi-Cal program complete a Medi-Cal application and cooperate with the application process. Since you did not complete the Medi-Cal application process, CCS program eligibility is denied.

Citations: Health and Safety Code Section 123995; Title 22, California Code of Regulations, Section 42000.

FIN2.1

INCOME MORE THAN $40K

It has been determined that you are financially ineligible for the CCS program because your adjusted gross income is more than $40,000. If you believe that your out-of-pocket expenses for |PATIENT NAME|`s medical condition will be more than twenty percent (20%) of your adjusted gross income, please follow appeal procedures on the enclosure.

Citations: Health and Safety Code Section 123870; Title 22, California Code of Regulations, Section 42050.

FIN2.2

INCOME MORE THAN $40K-POCKET NOT OVER

It has been determined that you are financially ineligible for the CCS program because your adjusted gross income is more than $40,000 and there is no documentation that |PATIENT NAME|`s medical expenses will exceed twenty percent (20%) of your adjusted gross income.

Citations: Health and Safety Code Section 123870; Title 22, California Code of Regulations, Section 42050.

FIN3

FAILED TO USE HEALTH INS COVG

The CCS program has determined that you are no longer eligible for the CCS program because you did not use your health insurance coverage prior to the expenditure of CCS funds.

Citations: Health and Safety Code, Section 123825; Title 22, California Code of Regulations, Section 42110 (8) and State Department of Health Services, California Children Services Policy Letter Number 06-0394.

FIN4

FAILED TO PAY ENROLL FEE

Your enrollment fee was not paid by the due date. Families failing to pay the amount due by the 60th calendar day from the due date are considered financially ineligible and are disenrolled from treatment services on the 61st calendar day after the due date.

Citations: Health and Safety Code, Section 123900; Title 22, California Code of Regulations, Sections 42110 and 42125.

NOA CITATIONS LISTING
ID
DESCRIPTION
TEXT

FIN5
HMO-NOT ELIGIBLE
CCS eligibility may be approved for individuals with Health Maintenance Organization (HMO) coverage when a needed services or durable medical equipment (DME) is not covered by the HMO and verification has been received by the CCS program. Since no written verification has been received, CCS program eligibility is denied. Please remember that for the CCS program to cover a service or DME, the request must be received BEFORE the receipt of the service or DME.

Citations: Health & Safety Code 123825; California Code of Regulations, Title 22, Section 42110(8); and California Children Services Manual of Procedure, Chapter 6, Section XI.A/5.a.

FIN6
PROGRAM ELIG PROCESS INCOMPLETE
It has been determined that |PATIENT NAME| is not eligible for the CCS program because the CCS program eligibility process was not completed.

Citations: Health & Safety Code 123895, California Code of Regulations, Title 22, Section 41900 and 42000.

MED1
MED ELIG DENIAL
There is no documentation of medical eligibility for CCS at this time. CCS program eligibility is therefore denied or discontinued.

Citations: Health and Safety Code 123830; Title 22, California Code of Regulations, Section 41800.

MED2
MED ELIG DENIAL - MTU
There is no documentation of medical eligibility for the CCS Medical Therapy Program (MTP) at this time. Eligibility for the MTP is therefore denied.

Citations: Health and Safety Code 250.5; California Code of Regulations, Title 2, Section 60300(j); California Code of Regulations, Title 22, Section 41800; CCS Numbered Letter 39-1290.

MISC1
CONDITION DIAGNOSED AFTER ADOPTION
Based on the documentation provided, |PATIENT NAME|`s CCS eligible medical condition was diagnosed after adoption. Therefore, you must meet financial eligibility requirements. You are ineligible for the CCS program because your income is over $40,000 adjusted gross income.

CITATION: Health and Safety Code Sections 123870 and 1238965; California Code of Regulations, Section 42050.

MISC2
FAMILY DOESN`T WANT CCS
CCS program eligibility is denied/discontinued based on information you provided stating you did not wish CCS coverage for |PATIENT NAME|.

Citations: Health and Safety Code 123825, California Code of Regulations, Title 22, Section 42000.

NOA CITATIONS LISTING
TD
DESCRIPTION
TEXT

MISC3
NO ACTIVITY/SERVICES
A review of |PATIENT NAME|'s CCS case record has been completed and the findings are that there are no services being requested or authorized at this time. Based on this finding, CCS program eligibility is discontinued.

Citations: Health and Safety Code 123830, California Code of Regulations Title 22, Section 41518.

NSC
NON-STANDARD CITATION (BLANK)

RES1
PARENT/GUARD NOT MET RESID REQ
CCS program residential eligibility requires that the parents or legal guardian be a resident of the county in which the CCS application is filed. County residency was not established, therefore |PATIENT NAME| is not eligible for the CCS program.

Citation: Government Code, Section 243, 244; Health and Safety Code, Section 123865, 123895; Title 22, California Code of Regulations, Section 41900 and 42000.

RES2
PARENT/GUARD MILITARY - NOT CA
A parent/legal guardian who is a member of the military must have California stated on his/her "State of Designation" record in order to meet residency requirements. California was not designated on the documents presented, therefore |PATIENT NAME| is not eligible for the CCS program.

Citation: Government Code, Section 243, 244; Health and Safety Code Sections 123865, 123895; Title 22, California Code of Regulations, Section 41900.

RES3
LIMITED TERM VISA/ENTRY PERMIT
Individuals entering the United States on a valid Student, Temporary, or Limited Term visa, or other limited term entry permit, have not met the residential eligibility requirements for the CCS program. Because you have such a visa, |PATIENT NAME| is not eligible for the CCS program.

Government Code, Section 243, 244; Health and Safety Code, Sections 123865, 123895; Title 22, California Code of Regulations, Section 41900

RS1
DENY REQUEST - NOT MEDICALLY NECESSARY
The service requested has been determined not to be medically necessary for the treatment of the eligible CCS medical condition. The request for service specified below is therefore denied.

Citations: Health and Safety Code 123850; Title 22, California Code of Regulation, Section 41510 and 41518.

RS2
DENY REQUEST - NON-APPROVED PHYS
CCS may authorize services only to physicians approved by the CCS program The service requested is denied because the physician requesting

NOA CITATIONS LISTING
ID
DESCRIPTION
TEXT
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authorization to provide the service is not approved by the CCS program.

Citations: Health and Safety Code, Section 123925; Title 22, California Code of Regulations, Sections 42320-42326; State Department of Health Services, California Children Services Administrative Guidelines, Chapter 1.4.1, C-3a, Chapter 3.2.

RS3
DENY REQUEST - NON-APPROVED PROVIDER
CCS services may be authorized only to providers approved by the CCS program. The service requested is denied because the provider requesting authorization for the service is not approved by the CCS program.

Citation: Health and Safety Code Section 123925; Title 22, California Code of Regulations, Section 42305.

RS4
DENY REQUEST - NON-APPROVED HOSP
CCS services may be authorized only to hospitals approved by the CCS program. The service requested is denied because the hospital requesting authorization for the service is not a CCS approved facility

Citation: Health and Safety Code Section 123900; Title 22, California Code of Regulations, Sections 42110 and 42125.

RS5
DENY REQUEST - SERVICE PRIOR TO REQUEST
The CCS program can authorize medical services and equipment only when notified prior to providing the service(s). The service requested is denied because the CCS program was not notified of the requested service or equipment before it was provided.

Citations: Health and Safety Code, Section 123850; Title 22, California Code of Regulations, Section 42180.

RS6
DENY REQUEST - HMO BENEFIT
CCS program benefits may be authorized for clients enrolled in a HMO only when the service has been denied by the HMO plan membership and it is necessary to treat the CCS eligible condition. The requested service is denied because the service is a benefit of your HMO plan.

Citations: Health and Safety Code, Section 123825; Title 22, California Code of Regulations, Section 42110 (8) and State Department of Health Services, California Children Services Policy letter numbered 06-0394.

CALIFORNIA CHILDREN`S SERVICES
LOS ANGELES COUNTY
9320 TELSTAR STREET, SUITE 226
EL MONTE,CA 91731
(800) 288-4584

04/03/2006

MR. & MRS. TEST
714 P STREET
SACRAMENTO,CA 95814

RE: TAB TEST
DOB: 01/01/1990
CCS#: 3292510
CO: LOS ANGELES

A MESSAGE FROM THE CALIFORNIA CHILDREN`S SERVICES (CCS) PROGRAM

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY.

The CCS program must keep information we have about the children we serve private This includes information about eligibility for CCS and personal medical information CCS must give this notice to you and tell you how CCS may use and give out or "disclose" information about the children we serve.

How CCS May Use and Share Information

The child`s name, address, personal information about the child, medical history, medical exam, and medical services provided to children served by CCS will be used and shared mainly for a reason connected with the operation of the CCS program. These reasons include:

* Deciding eligibility for benefits.
* Deciding fees that you may have to pay in order to receive CCS benefits.
* Deciding if the child is eligible for Medi-Cal or Healthy Families and if you have a private health insurance plan.

  For treatment: Approving services for a child`s exam, treatment, and therapy CCS may need to approve health care services in advance. To give approval, CCS may receive information from and share it with other people caring for the child to make sure that children get the services they need.

* For payment: CCS and the people that work with us receive, review, approve, process, and pay for health care bills from doctors or other health care providers to pay for services. CCS may share health information with these doctors and other providers, which bill CCS. CCS may send some bills that it receives to other health plans or groups, which may need to pay for services that were given to the child.

  For health care operations: CCS may use facts about children`s health and health care to make sure that they get high quality health care. CCS may also use this information in audits or fraud investigations of doctors and other health care providers and for planning and managing the CCS program.

Other Uses of Children`s Health Information

CCS may also use or give out information about the child`s eligibility for CCS and personal medical information for reasons such as:

Calling or writing you about your child`s CCS benefits.
To people in the child`s family to help in treatment or payment for services.
For legal reasons, such as in response to a court order.
For research studies that meet all privacy law requirements, such as research about disease prevention.
To gather information that can no longer be traced back to the child, such as a list of how often various CCS medical problems happen for all CCS children.
For reasons required by law, which may require sharing of the child`s health information.

CCS may give out health information to organizations that help it run the program, such as companies that pay CCS bills. If CCS does this, it will make sure that these organizations protect the privacy of information we share with them.

Some state laws limit the sharing of information listed above. For example, there are special laws that protect information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse care. CCS will obey these laws.

NOTE

IF THE CHILD IS A MEDI-CAL PATIENT, THE LAW MAY NOT ALLOW SHARING SOME OF THE INFORMATION LISTED ABOVE. MEDI-CAL RULES SAY INFORMATION CAN ONLY BE USED OR SHARED FOR REASONS CONNECTED WITH THE OPERATIONS OF THE MEDI-CAL PROGRAM.

When Written Permission is Needed

CCS must have written permission from the child`s parent, guardian, or minors living on their own before sharing CCS eligibility and health information not discussed above. If you give CCS written permission to use or share your or your child`s information for other reasons, you may take back your written permission at any time.

Your Privacy Rights

By law you have the right to:

* See and get a copy of the child`s personal medical information, which CCS has.
* Have the child`s personal medical information changed if you believe that it is wrong or if the information is missing, and CCS agrees. If CCS disagrees, you may have a letter about why you disagree added to the child`s personal medical file.
* Get a listing of people who get the child`s personal medical information from CCS. This listing will not show when the child`s personal medical information was given to the child`s parent, guardian, or to children living on their own or when information is shared for treatment, payment, or health care operations.
* Ask CCS to contact you in a different way or in a different place, such as sending materials to you at a Post Office Box instead of your home address.

Your Privacy Rights

* Ask CCS to limit how the child`s personal medical information is used and given out. However, CCS may not be able to agree to your request.
* You have the right to obtain a paper copy of this Notice of Privacy Practices.
  This Notice is also available at the CCS Website, WWW.DHS.CA.GOV/PCFH/CMS/CCS

*** IMPORTANT ***

CCS DOES NOT HAVE COMPLETE COPIES OF CHILDREN`S MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE A CHILD`S MEDICAL RECORDS, PLEASE CONTACT THE CHILD`S DOCTOR OR CLINIC. IF THE CHILD IS IN A MANAGED CARE PLAN, THAT PLAN MAY HAVE INFORMATION ABOUT BILLS PAID. CONTACT THE MANAGED CARE PLAN TO LOOK AT OR GET COPIES OF THESE BILLS.

How To Contact CCS To Use Your Rights

If you want to use any of the privacy rights explained in this notice, please contact the LOS ANGELES County CCS program at:

CALIFORNIA CHILDREN`S SERVICES
LOS ANGELES COUNTY
9320 TELSTAR STREET, SUITE 226

EL MONTE,CA 91731
(800) 288-4584

How to Complain

If you believe that you or your child`s privacy rights have been violated and wish to complain, you may file a complaint by calling or writing:

Privacy Officer
California Department of Health Services
P.O. Box 942732
Sacramento, California 94234-7320
(916) 255-5259 (Voice) or (877) 735-2929 (TTY/TDD)

Or

Secretary of the U.S. Department of Health and Human Services
Office of Civil Rights
Attention: Regional Manager
50 United Nations Plaza, Room 322
San Francisco, California 94102
For additional information, call (800) 368-1019
or
U.S. Office of Civil Rights
(866) 627-7748 (Voice) or (866) 788-4989 (TTY/TDD)

No Retaliation

CCS cannot take away your child`s health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.

Effective Date

This Notice of Privacy Practices goes into effect on April 14, 2003

Changes to the Notice

CCS must obey the rules of this Notice. However, CCS has the right to make changes in its privacy practices. If CCS makes such changes, this Notice of Privacy Practices will be rewritten and you will be given a new Notice if you are in the CCS program.

To get a copy of this notice in other languages, Braille, large print, audiocassette, or computer disk, please call or write the Privacy officer at the number on page 3.

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
`25 EAST STREET, SUITE 302
WOODLAND,CA 95776
(530) 402-2800

FIRST NOTICE
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

Dear ENOCH & DAVINIA CHOW:

The YOLO County California Children`s Services (CCS) office received KID GIDEON WRONG`S CCS application for services. The CCS program must now meet with you to determine if KID GIDEON WRONG is financially and residentially eligible for CCS services. Please bring the items listed below to the meeting. If you cannot bring the needed items, please call (530) 402-2800 for assistance.

You must call to schedule an interview with YOLO County CCS by 08/02/2002 unless an appointment is already scheduled for you (below), or submit the following documents to the address above.

cheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

INCOME DOCUMENTS: (Please bring the following documents to the interview.)

* California State Income Tax Form (Current Year: 540 or 540A)
* Federal Income Tax Form (Current Year: 1040 or 1040A)
* If no taxes have been filed, please bring document of employment and wages such as Pay stubs, W-2 Forms, Employer Letter, Warrants

HEALTH INSURANCE DOCUMENTS - EVIDENCE OF COVERAGE:
(If you have health insurance, please bring the items below to the interview.)

* Insurance Policy Name
* Insurance Policy Number
* Insurance Policy Card
* Completed Health Insurance Form MC 2600 (enclosed)

COUNTY RESIDENCE DOCUMENTS: (Bring at least two items below.

* Voter Registration Forms
* Rental Agreements/Lease
* Driver`s License
* Utility Bills

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTHER DOCUMENTS FOR KID GIDEON WRONG: (Bring any item below, if applicable.)

* Medi-Cal Card
* Social Security Number
* Guardian/Custody Papers
* DMV Identification Card

Please call YOLO County at (530) 402-2800, if you have any questions.

Sincerely,

California Children`s Services

(Enclosure)

cc:

C-16, 2002-164143
'gm Elig #1)

CALIFORNIA CHILDREN`S SERVICES
"OLO COUNTY
.5 EAST STREET, SUITE 302
WOODLAND,CA 95776
(530) 402-2800

SECOND NOTICE
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

Dear ENOCH & DAVINIA CHOW:

The YOLO County California Children`s Services (CCS) office received KID GIDEON WRONG`S CCS application for services. We now need you to call our office at (530) 402-2800 to set an appointment to determine financial and residential eligibility, and/or submit documents, below. IF YOU DO NOT SUBMIT THE DOCUMENTS OR CALL TO SET UP AN INTERVIEW DATE BY 08/02/2002, CCS CANNOT OPEN THIS CASE. If you cannot submit/bring the needed items, please call the number above for assistance.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

INCOME DOCUMENTS: (Please bring the following documents to the interview.)

* California State Income Tax Form (Current Year: 540 or 540A)
* Federal Income Tax Form (Current Year: 1040 or 1040A)
* If no taxes have been filed, please bring document of , employment and wages such as Pay stubs, W-2 Forms, Employer Letters, Warrants

HEALTH INSURANCE DOCUMENTS - EVIDENCE OF COVERAGE:
(If you have health insurance, please bring the items below to the interview.)

* Insurance Policy Name
* Insurance Policy Number
* Insurance Policy Card
* Completed Health Insurance Form MC 2600 (enclosed)

COUNTY RESIDENCE DOCUMENTS: (Bring at least two items below.)

* Voter Registration Forms
* Rental Agreements/Lease
* Driver`s License
* Utility Bills

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTHER DOCUMENTS FOR KID GIDEON WRONG: (Bring any item below, if applicable.)

* Medi-Cal Card
* Social Security Number
* Guardian/Custody Papers
* DMV Identification Card

Please call YOLO County at (530) 402-2800, if you have any questions.

Sincerely,

California Children`s Services
(Enclosure)

cc:

C-16A, 2002-164144
(Pgm Elig #2)

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

NOTICE OF ACTION
07/20/99

MOM & DAD WRONG
714 P STREET
CHICO,CA 95926

RE: KID LAVORRA WRONG
CCS#: T50393
DOB: 01/01/1979
CO: BUTTE

DEAR MOM & DAD WRONG:

The BUTTE County California Children Services (CCS) office sent you two notices over the last thirty (30) days. Each notice requested that you call to schedule a meeting with us to determine KID LAVORRA WRONG'S eligibility for CCS services. We received no response from you.

The CCS program must conclude you are not interested in CCS services since the required interview did not take place and the financial and residential documents were not submitted. Therefore, the CCS program cannot cover any medical services, except for which KID LAVORRA WRONG has Medi-Cal program eligibility or Medical Therapy Program eligibility. (Health & Safety Code 123895, Title 22, California Code of Regulations, Section 42000.)

The effective date of this Notice of Action is 05/28/1999.

THIS SPACE IS AVAILABLE FOR FREE TEXT.

This Notice of Action (NOA) is required by California Code of Regulations, Title 22, Section 42701. If you have any questions or if there are additional facts relating to your circumstances which you have not reported, please telephone CCS at (530)895-6546.

If you are dissatisfied with the above action, you may request an appeal. Information concerning your right to appeal, how to initiate an appeal, and where to obtain detailed information on the process, is explained on the enclosure.

Sincerely,

California Children Services

(Enclosure)
cc:

C-16B, 99-38521
(Pgm Elig #3)

CALIFORNIA CHILDREN SERVICES PROGRAM
NOTICE OF ACTION - APPEAL PROCESS

PATIENT NAME: KID LAVORRA WRONG
DATE OF BIRTH: 01/01/1979
CCS CASE NUM: T50393
COUNTY: BUTTE

The California Children Services (CCS) program appeals process provides the applicant, parent, legal guardian, or authorized representative with a formal structure for disagreeing with a decision made by CCS.

You have the right to appeal the action taken or proposed by the CCS program and reported to you on this form.

The procedure for filing an appeal in response to a Notice of Action is as follows:

1. Submit your appeal by letter or use an appeal form. (Copies of an appeal form can be obtained from your local CCS office.) Your appeal must include: the CCS agency decision that you are appealing, the action you want taken, and the supportive information and documentation.

2. The appeal MUST be submitted by 08/19/1999, which is 30 calendar days from the date on the Notice of Action.

3. If the appeal concerns the reduction or termination of currently authorized services and you wish these to be continued during the appeal process, your appeal must state this in the request.

4. You may request and receive help and information on the appeal process through your local CCS program. Assistance and representation may also be available through organizations that provide legal assistance.

5. Your appeal is to be submitted to the CCS office designated below:

   CALIFORNIA CHILDREN SERVICES
   BUTTE COUNTY (CCS)
   1370 RIDGEWOOD DRIVE, STE 22

   CHICO,CA 95973

6. You have a right to review the CCS file and medical records for KID LAVORRA WRONG.

Note: The right to appeal and the description of the "first level of appeal" is in the California Code of Regulations, Title 22, Article 2, Sections 42702 and 42703.

IF YOU HAVE ANY QUESTIONS ABOUT THE FILING OF AN APPEAL, PLEASE CALL YOUR LOCAL CCS OFFICE AT: (530)895-6546.

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
^^5 EAST STREET, SUITE 302
ODLAND,CA 95776
(530) 402-2800

PRIMERA NOTIFICACIÓN

07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ESTIMADO/A ENOCH & DAVINIA CHOW:

La oficina de California Children`s Services (CCS) del condado de YOLO ha recibido una solicitud de KID GIDEON WRONG para la obtención de servicios. El programa CCS debe ahora reunirse con usted para determinar si el paciente es elegible en el aspecto financiero o residencial para dichos servicios. Por favor, traiga lo que se le solicita en la lista que hay más abajo. Si no puede traer lo que se le solicita, favor de llamar para recibir asistencia.

Usted debe llamar para hacer una cita con la oficina de CCS del condado de YOLO antes del 08/02/2002, a menos que ya haya hecho usted una cita eviamente, o enviar los siguientes documentos a la dirección que está indicada más arriba.

Scheduled Date: 07/19/2002 Time 8:00AM Interview With: JULIE RUNDALL

DOCUMENTOS PARA TRAER:
(Favor de traer a la entrevista, al menos, un documento de los que se piden más abajo).

* El Formulario de los Impuestos del Estado de California (Año
* Actual: 540 ó 540A)
* El Formulario de los Impuestos Federales (Año Actual: 1040 ó 1040A)
* Talones de los cheques de salario, Formularios W2, Carta del
* Empleador, Garantías (si no hay declaración de impuestos).

DOCUMENTOS DEL SEGURO MEDICAL:
(Si usted tiene seguro médical, favor de traer a la (Pruebas de Aseguranza) entrevista los documentos indicados abajo).

* Nombre de la Póliza de Seguro
* Número de la Póliza de Seguro
* Tarjeta de la Póliza de Seguro
* Formulario MC 2600 de Seguro Médico Completado

DOCUMENTOS DE RESIDENCIA EN EL CONDADO:
(Traer al menos uno de los documentos solicitados)

* Formulario de Registración para Votar
* Contrato de Renta/Lease
  Licencia de Manejar
  Facturas de los Servicios de la casa

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTROS DOCUMENTOS PARA KID GIDEON WRONG
(Traer cualquier documento, si es necesario.)
* Tarjeta de Medi-Cal
* Número de Seguro Social
* Papeles de Custodia o de Guardian
* Tarjeta de Identificación de DMV

Favor de llamar a YOLO al número (530) 402-2800 si tiene usted cualquier pregunta.

Atentamente,

California Children`s Services

C-16S, 2002-164143
(Pgm Elig #1 Spanish)

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
^^5 EAST STREET, SUITE 302
WOODLAND,CA 95776
(530) 402-2800

SEGUNDA NOTIFICACIÓN
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ESTIMADO/A ENOCH & DAVINIA CHOW:

La oficina de California Children`s Services (CCS) del condado de YOLO ha recibido una solicitud de KID GIDEON WRONG para la obtención de servicios. Ahora necesitamos que usted llame a nuestra oficina al número (530) 402-2800 para determinar si es elegible en el aspecto financiero o residencial, y/o presentar los documentos que se especifican abajo. SI NO PRESENTA LOS DOCUMENTOS O LLAMA PARA HACER UNA CITA ANTES DEL 08/02/2002, EL CCS NO PODRA EMPEZAR ESTE CASO. Si no puede presentar/traer los dicumentos necesarios, favor de llamar al número de arriba para poder obtener asistencia.

Scheduled Date: 07/19/2002 Time 8:00AM Interview With JULIE RUNDALL

DOCUMENTOS INICIALES:
(Favor de traer al menos un documento a la entrevista)

* El Formulario de los Impuestos del Estado (Año Actual: 540 ó 540A)
* El Formulario de los Impuestos Federales (Año Actual: 1040 ó 1040A)
* Talones de los cheques de salario, Formularios W2, Carta del Empleador, Garantías (si no hay declaración de impuestos).

DOCUMENTOS DEL SEGURO MEDICO:
(Si usted tiene seguro médico, favor de traer a la (Pruebas de Aseguranza) entrevista los documentos indicados abajo).

* Nombre de las Póliza de Seguro
* Número de la Póliza de Seguro
* Tarjeta de la Póliza de Seguro
  Formulario MC 2600 de Seguro Médico Completado

DOCUMENTOS DE RESIDENCIAL EN EL CONDADO:
(Traer al menos uno de los documentos solicitados)

* Formulario de Registración para Votar
* Contrato de Renta/Lease
* Licencia de Manejar
  Facturas de los Servicios de la casa

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTROS DOCUMENTOS PARA KID GIDEON WRONG:
(Traer cualquier documento, si es necesario.)

* Tajeta de Medi-Cal
* Número de Seguro Social
* Papeles de Custodia o de Guardián
* Tajeta de Identificación del DMV

Favor de llamar al condado de YOLO al número (530) 402-2800
si tiene usted cualquier pregunta.

Atentamente,

California Children`s Services

cc:

C-16AS, 2002-164144
(Pgm Elig #2 Spanish)

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
`5 EAST STREET, SUITE 302
.JODLAND,CA 95776
(530) 402-2800

FIRST NOTICE
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

Dear ENOCH & DAVINIA CHOW:

The YOLO County California Children`s Services (CCS) office received KID GIDEON WRONG`S CCS application for services. The CCS program must now verify KID`s residential eligibility for CCS services and to obtain a signed Program Services Agreement. KID has already met the financial eligibility requirement for CCS by being financially eligible for the Medi-Cal program.

Please provide at least two of the documents listed below to prove KID`s county of residence. If you cannot provide the needed documents, please call YOLO County at (530) 402-2800 for assistance. Upon proof of residency you are required to sign a Program Services Agreement which guarantees coverage for one year. The Program Services Agreement can be mailed to you.

Please contact YOLO County by 08/02/2002 to schedule an appointment or submit two of the following documents to the address above.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

HEALTH INSURANCE DOCUMENTS - EVIDENCE OF COVERAGE:
(If you have health insurance, please bring the items below to the interview.)

* Insurance Policy Name
* Insurance Policy Number
* Insurance Policy Card
* Completed Health Insurance Form MC 2600 (enclosed)

COUNTY RESIDENCE DOCUMENTS: (Bring at least two item below.)

* Voter Registration Forms
* Rental Agreements/Lease
* Driver`s License
* Utility Bills

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTHER DOCUMENTS FOR KID GIDEON WRONG: (Bring any item below, if applicable

* Medi-Cal Card
* Social Security Number
* Guardian/Custody Papers
* DMV Identification Card

Please call YOLO County at (530) 402-2800, if you have any questions

Sincerely

California Children`s Services

Enclosure

cc

C-16M, 2002-164159
(Initial Pgm Elig #1, MC)

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
^^5 EAST STREET, SUITE 302
.ODLAND,CA 95776
(530) 402-2800

SECOND NOTICE
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

Dear ENOCH & DAVINIA CHOW:

The YOLO County California Children`s Services (CCS) office received KID GIDEON WRONG`S CCS application for services. The CCS program must now verify KID`s residential eligibility for CCS services and to obtain a signed Program Services Agreement. KID has already met the financial eligibility requirement for CCS by being financially eligible for the Medi-Cal program.

Please provide at least two of the documents listed below to prove KID`s county of residence. If you cannot provide the needed documents, please call YOLO County at (530) 402-2800 for assistance. Upon proof of residency you are required to sign a Program Services Agreement which guarantees coverage r one year. The Program Services Agreement can be mailed to you.

Please contact YOLO County by 08/02/2002 to set up an appointment or submit two of the following documents to the address above.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

HEALTH INSURANCE DOCUMENTS - EVIDENCE OF COVERAGE:
(If you have health insurance, please bring the items below to the interview.)

* Insurance Policy Name
* Insurance Policy Number
* Insurance Policy Card
* Completed Health Insurance Form MC 2600 (enclosed)

COUNTY RESIDENCE DOCUMENTS: (Bring at least two item below.)

* Voter Registration Forms
* Rental Agreements/Lease
* Driver`s License
* Utility Bills

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTHER DOCUMENTS FOR KID GIDEON WRONG: (Bring any item below, if applicable.)

* Medi-Cal Card
* Social Security Number
* Guardian/Custody Papers
* DMV Identification Card

Please call YOLO County at (530) 402-2800, if you have any questions.

Sincerely,

California Children`s Services

Enclosure

cc:

C-16MA, 2002-164160
(Initial Pgm Elig #1, MC)

CALIFORNIA CHILDREN-S SERVICES
TULARE COUNTY
CHILDREN-S MEDICAL SERVICES
·15 EAST TULARE AVENUE
ıARE,CA 93274
559-685-2533

THIRD NOTICE
11/19/2001

MR AND MRS WROND
389 P STREET
P O BOX 10398A
SACRAMENTO,CA 95820

RE: KID TEST WRONG
CCS#: T78432
DOB: 01/01/1999
CO: TULARE

Dear MR AND MRS WROND

The TULARE County California Children-s Services (CCS) office sent you two notices over the last thirty (30) days. Each notice requested that you either provide documentation or call to schedule a meeting with us to determine KID TEST WRONG-s residential eligibility for CCS services. We received no response from you.

Since KID has been determined medically eligible for CCS and is eligible for the Medi-Cal program, the CCS program will continue to provide the ·horization of medically necessary services to treat the CCS-eligible ıical condition.

The CCS program is only responsible for authorization of a Medi-Cal beneficary-s medical care related to the CCS-eligible medical condition that are benefits of the Medi-Cal program.

The CCS program is not responsible for the payment of any medical care upon termination of Medi-Cal coverage unless CCS program eligibility is completed You are encouraged to complete CCS program eligibility to ensure that KID receives continued medical case management and payment for services related to the CCS-eligible medical condition.

Please call TULARE County CCS at 559-685-2533, if you have any questions.

Sincerely,

California Children-s Services

cc

.-16MB, 2001-600
(Initial Pgm Elig Ltr. # 3

CALIFORNIA CHILDREN SERVICES PROGRAM
NOTICE OF ACTION - APPEAL PROCESS

PATIENT NAME: KID TEST WRONG
DATE OF BIRTH: 01/01/1999
CCS CASE NUM: T78432
COUNTY: TULARE

The California Children Services (CCS) program appeals process provides the applicant, parent, legal guardian, or authorized representative with a formal structure for disagreeing with a decision made by CCS.

You have the right to appeal the action taken or proposed by the CCS program and reported to you on this form.

The procedure for filing an appeal in response to a Notice of Action is as follows:

1 Submit your appeal by letter or use an appeal form. (Copies of an appeal form can be obtained from your local CCS office Your appeal must include: the CCS agency decision that you are appealing, the action you want taken, and the supportive information and documentation.

2. The appeal MUST be submitted by 12/26/2001, which is 30 calendar days from the date on the Notice of Action.

3 If the appeal concerns the reduction or termination of currently authorized services and you wish these to be continued during the appeal process, your appeal must state this in the request.

4. You may request and receive help and information on the appeal process through your local CCS program. Assistance and representation may also be available through organizations that provide legal assistance.

5. Your appeal is to be submitted to the CCS office designated below:

CALIFORNIA CHILDREN SERVICES
TULARE COUNTY (CCS)
CHILDREN-S MEDICAL SERVICES
115 EAST TULARE AVENUE
TULARE,CA 93274

6. You have a right to review the CCS file and medical records for KID TEST WRONG.

Note The right to appeal and the description of the "first level of appeal" is in the California Code of Regulations, Title 22, Article 2, Sections 42702 and 42703.

YOU HAVE QUESTIONS ABOUT THE FILING OF AN APPEAL, PLEASE CALL YOUR LOCAL CCS OFFICE AT: 559-685-2533.

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
825 EAST STREET, SUITE 302
WOODLAND,CA 95776
`-30) 402-2800

PRIMERA NOTIFICACIÓN
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ESTIMADO/A ENOCH & DAVINIA CHOW:

La oficina del programa de Servicios para los Niños de California (California Children`s Services (CCS)) del Condado de YOLO recebió la solicitud de KID GIDEON WRONG para obtener servicios del programa de CCS. El programa de CCS ahora tiene que verificar la elegibilidad residencial de KID para obtener servicios del programa de CCS, y obtener un Acuerdo de Servicios del Programa firmado Ya KID ha reunido los requisitos de elegilidad financiera para el programa de CCS, al reunit los requisitos financieramente para el programa de Medi-Cal.

Por favor, proporcione por lo menos dos de los documentos que se indican a continuación, a fin de probar el condado de residencia de YOLO. Por favor, llame al Condado de YOLO, al (530) 402-2800 para .e le ayuden, si no puede proporcionar los documentos necesarios. Una vez que pruebe su residencia, a usted se le requiere firmar un Acuerdo de Sercicios del Programa que garantiza la cobertura durante un año. El Acuerdo de Servicios del Programa puede enviársele por correo.

Por favor, comuníquese con el Condado de YOLO, a más tardar el 08/02/2002, para concertar una cita o para presentar dos de los documentos a continuación, a la dirección que se indica anteriormente.

Scheduled Date: 07/19/2002 Time 8:00AM Interview With JULIE RUNDALL

DOCUMENTOS DE SEGURO MÉDICO - PRUEBA DE COBERTURA:
(Si usted tiene seguro médico, por favor traiga a la entrevista los documentos a continuación.)

Nombre de la Póliza de Seguro
* Número de la Póliza de Seguro
* Tarjeta de la Póliza de Seguro
* Formulario de Seguro Médico Completado (MC 2600) (adjunto)

DOCUMENTOS SOBRE LA RESIDENCIA EN EL CONDADO:
(Traiga por lo menos dos de los documentos a continuación.)

Tarjeta/Formularios de Empadronamiento (de Votante)
Convenio de alquiler/Arrendamiento
Licencia de Conducir/Tarjeta de Identificación del Departamento de Vehículos Motorizados
Cobros de Servicios Públicos

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTROS DOCUMENTOS DE KID GIDEON WRONG:
(Traigo qualquier documento a continuación, si es pertinente.)

* Tarjeta de Medi-Cal
* Número del Seguro Social
* Documentos de Tutoría Legal/Patria Potesdad
* Tarjeta de Identificación del Departmento de Vehículos Motorizados

Si tiene alguna pregunta, por favor llame al Condado de YOLO al (530) 402-2800.

Atentamente,

.lifornia Children`s Services

C-16MS, 2002-164159
(Init Pgm Elig Ltr #1 M/C)

cc:

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
825 EAST STREET, SUITE 302
WOODLAND,CA 95776
'530) 402-2800

SEGUNDA NOTIFICACIÓN
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ESTIMADO/A ENOCH & DAVINIA CHOW

La oficina del programa de Servicios para los Niños de California (California Children`s Services (CCS)) del Condado de YOLO recebió la solicitud de KID GIDEON WRONG para obtener servicios del programa de CCS. El programa de CCS ahora tiene que verificar la elegibilidad residencial de KID para obtener servicios del programa de CCS, y obtener un Acuerdo de Servicios del Programa firmado. Ya KID ha reunido los requisitos de elegilidad financiera para el programa de CCS, al reunit los requisitos financieramente para el programa de Medi-Cal.

Por favor, proporcione por lo menos dos de los documentos que se indican a continuación, a fin de probar el condado de residencia de YOLO. Por favor, llame al Condado de YOLO, al (530) 402-2800 para ·e le ayuden, si no puede proporcionar los documentos necesarios. Una vez ɥue pruebe su residencia, a usted se le requiere firmar un Acuerdo de Sercicios del Programa que garantiza la cobertura durante un año. El Acuerdo de Servicios del Programa puede enviársele por correo.

Por favor, comuníquese con el Condado de YOLO, a más tardar el 08/02/2002, para concertar una cita o para presentar dos de los documentos a continuación, a la dirección que se indica anteriormente.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

DOCUMENTOS DE SEGURO MÉDICO - PRUEBA DE COBERTURA:
(Si usted tiene seguro médico, por favor traiga a la entrevista los documentos a continuación.)

* Nombre de la Póliza de Seguro
* Número de la Póliza de Seguro
* Tarjeta de la Póliza de Seguro
* Formulario de Seguro Médico Completado (MC 2600) (adjunto)

DOCUMENTOS SOBRE LA RESIDENCIA EN EL CONDADO:
(Traiga por lo menos dos de los documentos a continuación.)

* Tarjeta/Formularios de Empadronamiento (de Votante)
* Convenio de alquiler/Arrendamiento
* Licencia de Conducir/Tarjeta de Identificación del Departamento de Vehículos Motorizados
  Cobros de Servicios Públicos

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTROS DOCUMENTOS DE KID GIDEON WRONG:
(Traigo qualquier documento a continuación, si es pertinente.

Tarjeta de Medi-Cal
* Número del Seguro Social
* Documentos de Tutoría Legal/Patria Potesdad
* Tarjeta de Identificación del Departmento de Vehículos Motorizados

Si tiene alguna pregunta, por favor llame al Condado de YOLO al (530) 402-2800.

Atentamente,

ılifornia Children`s Services

C-16MAS, 2002-164160
(Init Pgm Elig Ltr #2 M/C)

cc:

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
25 EAST STREET, SUITE 302
WOODLAND,CA 95776
(530) 402-2800

FIRST NOTICE
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ENOCH & DAVINIA CHOW:

The YOLO County California Children`s Service (CCS) office received KID GIDEON WRONG`s CCS application for services. As a Healthy Families subscriber, the CCS program must now verify KID`s residential eligibility and obtain a signed Program Services Agreement. KID has already met the financial eligibility requirement for the CCS program by being financially eligible for the Healthy Families program.

Please provide at least two of the documents listed below or any other documentation to prove KID`s county of residence. If you cannot provide the needed documents, please call (530) 402-2800 for assistance. Upon proof of residence we also need you to sign a Program Services Agreement which guarantees coverage for a period of one year. A Program Services Agreement can be mailed to you.

Please contact YOLO County by 08/02/2002 to schedule an appointment to confirm KID is a resident in the county or provide the needed documents.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

Please bring or mail copies of at least two items that prove county residency such as:

* Voter Registration Card/Forms
* Rental Agreements/Lease
* Driver`s License/DMV Identification Card
* Utility Bills
* Other documents that demonstrate you live in the county.

Please call YOLO County at (530) 402-2800, if you have any questions.

Sincerely,

California Children`s Services

Enclosure

cc:

C-16HF, 2002-164149
(HF Init Pgm Elig #1 Spanish)

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
`5 EAST STREET, SUITE 302
.ODLAND,CA 95776
(530) 402-2800

SECOND NOTICE
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

Dear ENOCH & DAVINIA CHOW:

The YOLO County California Children`s Service (CCS) office received KID GIDEON WRONG`s CCS application for services. As a Healthy Families subscriber, the CCS program must now verify KID`s residential eligibility and obtain a signed Program Services Agreement. KID has already met the financial eligibility requirement for the CCS program by being financially eligible for the Healthy Families program.

Please provide at least two of the documents listed below or any other documentation to prove KID`s county of residence. If you cannot provide the needed documents, please call (530) 402-2800 for assistance. Upon proof of residence we also need you to sign a Program Services Agreement which guarantees coverage for a period of one year. A Program Services Agreement can be mailed to you.

.ease contact YOLO county by 08/02/2002 to schedule an appointment to confirm KID is a resident in the county or provide the needed documents.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

Please bring or mail copies of at least two items that prove county residency such as:

* Voter Registration Card/Forms
* Rental Agreements/Lease
* Driver`s License/DMV Identification Card
* Utility Bills
* Other documents that demonstrate you live in the county.

Please call YOLO County at (530) 402-2800, if you have any questions.

Sincerely,

California Children`s Services

cc:

-16HFA, 2002-164151
(Initial Pgm Elig #2, HF)

CALIFORNIA CHILDREN SERVICES
EL DORADO COUNTY
931 SPRING STREET
PLACERVILLE,CA 95667
(530)621-6128

FINAL NOTICE
12/04/2000

MR AND MRS WRONG
3910 HAPPY LANE
PLACERVILLE,CA 95667

RE: NUMBER WRONG
CCS#: T50577
DOB: 01/01/1901
CO: EL DORADO

Dear MR AND MRS WRONG

The EL DORADO County California Children Services (CCS) office sent you two notices over the last thirty (30) days. Each notice requested that you contact us to determine NUMBER WRONG`s residential eligibility for CCS services. We received no response from you.

Since NUMBER has been determined medically eligible for CCS and is eligible for the Healthy Families (HF) program, the CCS program will continue to provide the authorization and payment of medically necessary services to treat NUMBER`s CCS-eligible medical condition. The CCS program is only responsible for payment of a HF subscriber`s medical care related to the CCS-eligible medical condition that has been authorized and delivered by a CCS-paneled provider or approved provider.

You are encouraged to complete CCS program eligibility to ensure that NUMBER recieves continued medical case management and payment for services related to the CCS-eligible medical condition. However, the CCS program will not pay for any medical care when NUMBER is no longer enrolled in the HF program unless CCS program eligiblity is completed.

Please call EL DORADO County CCS at (530) 621-6128, if you have any questions

Sincerely

California Children Services

Enclosure

cc

C-16HFB, 2000-92446
Initial Pgm Elig #3, HF)

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
`5 EAST STREET, SUITE 302
. JODLAND,CA 95776
(530) 402-2800

PRIMERA NOTIFICACIÓN
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ESTIMADO/A ENOCH & DAVINIA CHOW:

La oficina del programa de Servicios para los Niños de California (California Children`s Services (CCS)) del condado de YOLO recibió la solicitud de servicios del programa de CCS para KID GIDEON WRONG. Como subscriptor(a) del programa de Healthy Families, el programa de CCS ahora tiene que verificar la elegibilidad residencial de KID, y obtener un Acuerdo de Servicios del Programa firmado. Ya KID ha cumplido con los requisitos de elegibilidad financiera para el programa de CCS, al reunir los requisitos financieramente del programa de Healthy Families.

›r favor, proporcione por lo menos dos de los documentos que se indican a continuación, o cualquier otra documentación que pruebe el condado de residencia de KID. Por favor, llame al (530) 402-2800 para que le ayuden, si usted no puede proporcionar los documentos necesarios. Además, una vez que se obtenga la prueba de residencia, necesitamos que usted firme un Acuerdo de Servicios del Programa que garantiza la cobertura durante un período de un año. Un Acuerdo de Servicos del Programa se le puede enviar por correo.

Por favor, comuníquese con el Conadado de YOLO, a más tardar el 08/02/2002, para concertar una cita, para confirmar que KID es residente en el condado o para proporcionar los doumentos necesarios.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

Por favor, traiga o envíe por correo copias de por lo menos dos artículos que pureben su residencia el el condado, como por ejemplo:

* Tarjeta/Formularios de Empadronamiento (de Votante)
* Convenio de alquiler/Arrendamiento
* Licencia de Conducir/Tarjeta de Identificación del Departmento de Vehículos Motorizados
* Cobros de Servicios Públicos
* Otros documentos que demuestren que usted vive en el condado.

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

Si tiene alguna pregunta, por favor, llame al Condado de YOLO al (530) 402-2800.

Atentamente

California Children`s Services

C-16HFS, 2002-164149
(HF Init Pgm Elig #1)

cc

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
-25 EAST STREET, SUITE 302
ODLAND,CA 95776
(530) 402-2800

SEGUNDA NOTIFICACIÓN
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ESTIMADO/A ENOCH & DAVINIA CHOW:

La oficina del programa de Servicios para los Niños de California (California Children`s Services (CCS)) del condado de YOLO recibió la solicitud de servicios del programa de CCS para KID GIDEON WRONG. Como subscriptor(a) del programa de Healthy Families, el programa de CCS ahora tiene que verificar la elegibilidad residencial de KID, y obtener un Acuerdo de Servicios del Programa firmado. Ya KID ha cumplido con los requisitos de elegibilidad financiera para el programa de CCS, al reunir los requisitos financieramente del programa de Healthy Families.

r favor, proporcione por lo menos dos de los documentos que se indican a continuación, o cualquier otra documentación que pruebe el condado de residencia de KID. Por favor, llame al (530) 402-2800 para que le ayuden, si usted no puede proporcionar los documentos necesarios. Además, una vez que se obtenga la prueba de residencia, necesitamos que usted firme un Acuerdo de Servicios del Programa que garantiza la cobertura durante un período de un año. Un Acuerdo de Servicos del Programa se le puede enviar por correo.

Por favor, comuníquese con el Conadado de YOLO, a más tardar el 08/02/2002, para concertar una cita, para confirmar que KID es residente en el condado o para proporcionar los doumentos necesarios.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

Por favor, traiga o envíe por correo copias de por lo menos dos artículos que pureben su residencia el el condado, como por ejemplo:

Tarjeta/Formularios de Empadronamiento (de Votante)
Convenio de alquiler/Arrendamiento
Licencia de Conducir/Tarjeta de Identificación del Departmento de Vehículos Motorizados
* Cobros de Servicios Públicos
* Otros documentos que demuestren que usted vive en el condado.

CCS#: T41100
DOB: 12/21/1996
CO: YOLO

Si tiene alguna pregunta, por favor, llame al Condado de YOLO al (530) 402-2800.

Atentamente

California Children`s Services

C-16HFAS, 2002-164151
(HF Init Pgm Elig #1)

cc

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
625 EAST STREET, SUITE 302
WOODLAND,CA 95776
(530) 402-2800

FIRST NOTICE
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

Dear ENOCH & DAVINIA CHOW:

In accordance with California Code of Regulations, Title 22, Section 42000, a yearly financial eligibility review and enrollment fee determination is required in order for KID GIDEON WRONG`s CCS coverage to continue. Please call the YOLO County CCS office by 08/02/2002 to schedule an appointment, and/or bring the items listed below to your scheduled interview. If you cannot bring the needed items, please call (530) 402-2800 for assistance.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

INCOME DOCUMENTS: (Please bring the following documents to the interview.

* California State Income Tax Form (current year: 540 or 540A)
* Federal Income Tax Form (current year: 1040 or 1040A)
* Pay stubs, W-2 Forms, Employer Letters, Warrants (if no taxes filed)

HEALTH INSURANCE DOCUMENTS - EVIDENCE OF COVERAGE
(If you have health insurance, please bring the items below to the interview.)

* Insurance Policy Name
* Insurance Policy Number
* Insurance Policy Card
* Complete Health Insurance Form MC 2600 (enclosed)

COUNTY RESIDENCE DOCUMENTS: (Bring at least one item below.)

* Voter Registration Forms
* Rental Agreements/Lease
* Driver`s License
* Utility Bills

RE: KID GIDEON WRONG
CCS: T41100
DOB: 12/21/1996
CO: YOLO

OTHER DOCUMENTS FOR KID GIDEON WRONG: (Bring any item below, if applicable)

* Medi-Cal Card
* Social Security Number
* Guardian/Custody Papers
* DMV

Please call YOLO County at (530) 402-2800, if you have any questions.

Sincerely,

California Children`s Services

(Enclosure)

cc:

38, 2002-164139
(Ann Pgm Elig #1)

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
^^5 EAST STREET, SUITE 302
/ODLAND,CA 95776
(530) 402-2800

SECOND NOTICE
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

DEAR ENOCH & DAVINIA CHOW:

In accordance with California Code of Regulations, Title 22, Section 42000, a yearly financial eligibility review and enrollment fee determination is required in order for KID GIDEON WRONG`s CCS coverage to continue. Please call the YOLO County CCS office by 08/02/2002 to schedule an appointment. If you cannot bring the needed items, please call (530) 402-2800 for assistance.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

COME DOCUMENTS: (Please bring the following documents to the interview.)

* California State Income Tax Form (Current year: 540 or 540A)
* Federal Income Tax Form (Current year: 1040 or 1040A)
* If no taxes have been filed, please bring document of employment and wages such as Pay Stubs, W-2 Forms, Employer Letter, Warrant

HEALTH INSURANCE DOCUMENTS - EVIDENCE OF COVERAGE:
(If you have health insurance, please bring the items below to the interview.)

* Insurance Policy * Insurance Policy Number * Insurance Policy Card
* Completed Health Insurance Form MC 2600 (enclosed)

COUNTY RESIDENCE DOCUMENTS: (Bring at least one item below.)

* Voter Registration Forms
* Rental Agreements/Lease
* Driver License
* Utility Bills

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTHER DOCUMENTS FOR KID GIDEON WRONG: (Bring any item below, if applicable.

* Medi-Cal Card
* Social Security Number
* Guardian/Custody Papers
* DMV Identification Card

Please call YOLO County at (530) 402-2800 if you have any questions. Remember, you must contact us for your interview by 08/02/2002 to continue eligibility in the CCS program.

Sincerely,

California Children`s Services

(Enclosure)

cc:

C-38A, 2002-164142
(Ann Pgm Elig #2)

CALIFORNIA CHILDREN SERVICES
EL DORADO COUNTY
931 SPRING STREET
PLACERVILLE,CA 95667
(530)621-6128

NOTICE OF ACTION
12/04/2000

MR AND MRS WRONG
3910 HAPPY LANE
PLACERVILLE,CA 95667

RE: NUMBER WRONG
CCS#: T50577
DOB: 01/01/1901
CO: EL DORADO

Dear MR AND MRS WRONG:

The EL DORADO County California Children Services (CCS) office sent you two notices over the last thirty (30) days. Each notice requested that you call to schedule a meeting with us to determine NUMBER WRONG`S continued eligibility for CCS services. We received no response from you.

The CCS program must conclude you are not interested in continuing CCS services since the required interview did not take place and the financial and residential documents were not submitted. Therefore, the CCS program cannot cover any medical services, except for which NUMBER WRONG has Medi-Cal program eligibility or Medical Therapy Program eligibility. (Health & Safety Code 123895, Title 22, California Code of Regulations, Section 42000.)

The effective date of this Notice of Action is 12/05/1999.

This Notice of Action (NOA) is required by California Code of Regulations, Title 22, Section 42701. If you have any questions or if there are additional facts relating to your circumstance which you have not reported, please telephone CCS at 916-653-8050.

If you are dissatisfied with the above action, you may request an appeal. Information concerning your right to appeal, how to initiate an appeal, and where to obtain detailed information on the process, is explained on the enclosure.

Sincerely,

California Children Services
C-38B,2000-92449
(Ann Pgm Elig #3)

(Enclosure)

cc:

CALIFORNIA CHILDREN SERVICES PROGRAM
NOTICE OF ACTION - APPEAL PROCESS

PATIENT NAME: NUMBER WRONG
DATE OF BIRTH: 01/01/1901
CCS CASE NUM: T50577
COUNTY: EL DORADO

The California Children Services (CCS) program appeal process provides the applicant, parent, legal guardian, or authorized representative with a formal structure for disagreeing with a decision made by CCS.

You have the right to appeal the action taken or proposed by the CCS program and reported to you on this form.

The procedure for filing an appeal in response to a Notice of Action is as follows:

1. Submit your appeal by letter or use an appeal form. (Copies of an appeal form can be obtained from your local CCS office.) Your appeal must include: the CCS agency decision that you are appealing, the action you want taken, and the supportive information and documentation.

2. The appeal MUST be submitted by 01/03/2001, which is 30 calendar days from the date on the Notice of Action.

3. If the appeal concerns the reduction or termination of currently authorized services and you wish these to be continued during the appeal process, your appeal must state this in the request.

4. You may request and receive help and information on the appeal process through your local CCS program. Assistance and representation may also be available through organizations that provide legal assistance.

5. Your appeal is to be submitted to the CCS office designated below:

   CALIFORNIA CHILDREN SERVICES
   SRO-SACRAMENTO REGIONAL OFFICE
   714 P STREET, ROOM 323
   P.O. BOX 942732
   SACRAMENTO,CA 94234-7320

6. You have a right to review the CCS file and medical records for NUMBER WRONG.

Note: The right to appeal and the description of the "first level of appeal" is in the California Code of Regulations, Title 22, Article 2, Sections 42702 and 42703.

IF YOU HAVE ANY QUESTIONS ABOUT THE FILING OF AN APPEAL, PLEASE CALL YOUR LOCAL CCS OFFICE AT: (530) 621-6128.

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
`5 EAST STREET, SUITE 302
JODLAND,CA 95776
(530) 402-2800

PRIMERA NOTIFICACIÓN
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ESTIMADO/A ENOCH & DAVINIA CHOW:

De acuerdo con la California Code of Regulations, Title 22, Section 42000, se requiere una revisión anual de la elegibilidad financiera y de la tarifa de inscripción para que KID GIDEON WRONG continue recibiendo la cobertura del CCS. Favor de llamar a la oficina del condado de YOLO antes del 08/02/2002 para hacer una cita, y/o traer los datos indicados más abajo a la entrevista. Si usted no puede traer los datos necesarios, llame por favor al número (530) 402-2800 para poder recibir asistencia.

Scheduled Date: 07/19/2002 Time 8:00AM Interview With: JULIE RUNDALL

DOCUMENTOS PARA TRAER:
(Favor de traer a la entrevista, al menos, un documento de los que se piden más abajo).
* El Formulario de los Impuestos del Estado de California (Año Actual: 540 ó 540A)
* El Formulario de los Impuestos Federales (Año Actual: 1040 ó 1040A)
* Talones de los cheques de salario, Formularios W2, Carta del Empleador, Garantías (si no hay declaración de impuestos)

DOCUMENTOS DEL SEGURO MEDICO:
(Si usted tiene seguro médico, favor de traer a la (Pruebas de Aseguranza entrevista los documentos indicados abajo).
* Nombre de la Póliza de Seguro
* Número de la Póliza de Seguro.
* Tarjeta de la Póliza de Seguro
* Formulario MC 2600 de Seguro Médico Completado

DOCUMENTOS DE RESIDENCIA EN EL CONDADO:
(Traer al menos uno de los documentos solicitados)
* Formulario de Registración para Votar
* Contrato de Renta/Lease
* Licencia de Manejar
* Facturas de los Servicios de la Casa

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTROS DOCUMENTOS PARA KID GIDEON WRONG:
(Traer cualquier documento, si es necesario).

* Tarjeta de Medi-Cal
* Número de Seguro Social
* Papeles de Custodia o de Guardian
* Tarjeta de Identificación del DMV

Favor de llamar a YOLO al número (530) 402-2800 si tiene usted cualquier pregunta.

Atentamente,

California Children`s Services

C-38S, 2002-164139
(Ann Pgm Elig #1 Spanish)

cc:

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
25 EAST STREET, SUITE 302
WOODLAND,CA 95776
(530) 402-2800

SEGUNDA NOTIFICACIÓN
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ESTIMADO/A ENOCH & DAVINIA CHOW:

De acuerdo con la California Code of Regulations, Title 22, Section 42000, se requiere una revisión anual de la elegibilidad financiera y de la tarifa de inscripción para que KID GIDEON WRONG continue recibiendo la cobertura del CCS. Favor de llamar a la oficina del condado de YOLO al numero (530) 402-2800 antes del 08/02/2002 para poder recibir asistencia.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

DOCUMENTOS PARA TRAER:
(Favor de traer a la entrevista, al menos, un documento de los que se piden más abajo).

* El Formulario de los Impuestos del Estado de California (Año Actual: 540 ó 540A)
* El Formulario de los Impuestos Federales (Año Actual: 1040 ó 1040A)
* Talones de los cheques de salario, Formularios W2, Carta del Empleador, Garantías (si no hay declaración de impuestos).

DOCUMENTOS DEL SEGURO MEDICO:
(Si usted tiene seguro médico, favor de traer a la (Pruebas de Aseguranza) entrevista los documentos indicados abajo).

* Nombre de la Póliza de Seguro
* Número de la Póliza de Seguro
* Tarjeta de la Póliza de Seguro
* Formulario MC 2600 de Seguro Médico Completado

DOCUMENTOS DE RESIDENCIA EN EL CONDADO:
(Traer al menos uno de los documentos solicitados)

* Formulario de Registración para Votar
* Contrato de Renta/Lease
* Licencia de Manejar
* Facturas de los Servicios de la Casa

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTROS DOCUMENTOS PARA KID GIDEON WRONG:
(Traer cualquier documento, si es necesario)

* Tarjeta de Medi-Cal
* Número de Seguro Social
* Papeles de Custodia o de Guardian
* Tarjeta de Identificicación del DMV

Favor de llamar a YOLO al número (530) 402-2800 de 08/02/2002 si tiene cualquier pregunta.

Atentamente

California Children`s Services

C-38AS, 2002-164142
(Ann Pgm Elig #2 Spanish)

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
`5 EAST STREET, SUITE 302
JODLAND,CA 95776
(530) 402-2800

FIRST NOTICE
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

Dear ENOCH & DAVINIA CHOW:

In accordance with California Code of Regulations, Title 22, Section 42000, a yearly eligibility determination is required in order for KID GIDEON WRONG`s CCS coverage to continue. Since KID is a Medi-Cal beneficiary this determination will consist of verifying residential eligibility within this county. We also need you to sign a program services agreement that guarantees KID another year of CCS coverage.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

ease call the YOLO County CCS office by 08/02/2002 to schedule an appointment or make arrangements to provide proof of residence and to sign the program services agreement.

HEALTH INSURANCE DOCUMENTS: (If you have private health insurance, please bring or mail the items below to the interview.)

* Insurance Policy Name
* Insurance Policy Number
* Insurance Policy Card
* Evidence of Coverage
* Completed Health Insurance Form MC 2600 (enclosed)

COUNTY OF RESIDENCE DOCUMENTS: (Please bring or mail copies of at least two items.)

* Voter Registration Card/Forms
* Rental Agreements/Lease
* Driver`s License/DMV Identification Card
* Utility Bills
* Other documents that verify you live in the county

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTHER DOCUMENTS FOR KID GIDEON WRONG: (Please bring or mail copies of any item, if applicable.)

* Social Security Card
* Guardian/Custody Papers
* Birth Certificate

If you cannot provide the needed items or have questions, please call the YOLO County CCS office at (530) 402-2800.

Sincerely,

California Children`s Services

(Enclosure)

C-38M, 2002-164163
(Ann Pgm Elig #1 MC)

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
`5 EAST STREET, SUITE 302
JODLAND,CA 95776
(530) 402-2800

SECOND NOTICE
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

Dear ENOCH & DAVINIA CHOW:

In accordance with California Code of Regulations, Title 22, Section 42000, a yearly eligibility determination is required in order for KID GIDEON WRONG`s CCS coverage to continue. Since KID is a Medi-Cal beneficiary this determination will consist of verifying residential eligibility within this county. We also need you to sign a program services agreement that guarantees KID another year of CCS coverage.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

Please call the YOLO County CCS office by 08/02/2002 to schedule an appointment or make arrangements to provide proof of residence and to sign the program services agreement.

HEALTH INSURANCE DOCUMENTS: (If you have private health insurance, please bring or mail the items below to the interview.)

* Insurance Policy Name
* Insurance Policy Number
* Insurance Policy Card
* Evidence of Coverage
* Completed Health Insurance Form MC 2600 (enclosed)

COUNTY OF RESIDENCE DOCUMENTS: (Please bring or mail copies of at least two items.)

* Voter Registration Card/Forms
* Rental Agreements/Lease
* Driver`s License/DMV Identification Card
* Utility Bills
* Other documents that verify you live in the county

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTHER DOCUMENTS FOR KID GIDEON WRONG: (Please bring or mail copies of any item, if applicable.)

* Social Security Card
* Guardian/Custody Papers
  Birth Certificate

If you cannot provide the needed items or have questions, please call the YOLO County CCS office at (530) 402-2800 Remember, you must contact us for your interview by 08/02/2002 to continue eligibility in the CCS program.

Sincerely,

California Children`s Services

(Enclosure)

cc:

C-38MA, 2002-164165
(Ann Pgm Elig #1 MC)

CALIFORNIA CHILDREN SERVICES
EL DORADO COUNTY
931 SPRING STREET
PLACERVILLE,CA 95667
530)621-6128

THIRD NOTICE
12/04/2000

MR AND MRS WRONG
3910 HAPPY LANE
PLACERVILLE,CA 95667

RE: NUMBER WRONG
CCS#: T50577
DOB: 01/01/1901
CO: EL DORADO

Dear MR AND MRS WRONG:

The EL DORADO County California Children Services (CCS) office sent you two notices over the last thirty (30) days. Each notice requested that you call to schedule a meeting with us or provide proof of NUMBER WRONG`s continued county residential eligibility for CCS services. We received no response from you.

Since NUMBER WRONG has been confirmed as a Medi-Cal beneficiary, the CCS program will continue to provide medical case management including authorization of medically necessary services related to the CCS eligible medical condition. However, this is limited to only Medi-Cal benefits and will only continue as long as NUMBER WRONG continues to be a Medi-Cal beneficiary with full coverage d no share-of-cost. Once Medi-Cal coverage has stopped, CCS authorization or services will be discontinued.

The CCS program strongly encourages you to complete the CCS program redetermination process in order to prevent any discontinuation of CCS authorizations for treatment of your child`s CCS eligible medical condition should Medi-Cal eligibility stop.

Sincerely,

California Children Services

cc:

C-38MB, 2000-92452
(Ann Pgm Elig #3 MC)

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
825 EAST STREET, SUITE 302
"OODLAND,CA 95776
(30) 402-2800

PRIMERA NOTIFICACIÓN
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ESTIMADO/A ENOCH & DAVINIA CHOW:

En confirmidad con la Sección 42000, del Título 22, del Código de Reglamentos de California, se requiere una determinación de elegibilidad anual, a fin de que la cobertura del programa de CCS de KID GIDEON WRONG continúe. Puesto que KID es un beneficiario de Medi-Cal, esta determinación consistirá en verificar la elegibilidad residencial en este condado. Además, necesitamos que firme un Acuerdo de Servicios del Programa que garantiza otro año de cobertura del programa de CCS a KID.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

Por favor, llame a la oficina del programa de CCS del Condado de YOLO, a más tardar el 08/02/2002, para concertar una cita, o para hacer los arreglos para proporcionar prueba de la residencia, y firmar el Acuerdo de Servicios del Programa.

DOCUMENTOS DE SEGURO MÉDICO
(Si usted tiene seguro médico privado, por favor envíe por correo traigo a la entrevista los documentos a continuación.)

* Nombre de la Póliza de Seguro
* Número de la Póliza de Seguro
* Tarjeta de la Póliza de Seguro
* Prueba de Cobertura
* Formulario de Seguro Médico Completado (MC 2600) (adjunto)

DOCUMENTOS SOBRE LA RESIDENCIA EN EL CONDADO
(Traigo por lo menos dos de los documentos a continuación.)

Tarjeta/Formularios de Empadronamiento (de Votante)
* Convenio de Alquiler/Arrendamiento
* Licencia de Conducir/Tarjeta de Identificación del Departamento de Vehículos Motorizados
* Cobros de Servicios Públicos
* Otros documentos que comprueben que vive en el condado

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTROS DOCUMENTOS DE KID GIDEON WRONG:
(Por favor, traiga o envíe por correo copias de cualquier documento, si es pertinente.)

* Tarjeta del Seguro Social
* Documentos de Tutoría Legal/Patria Potestad
* Acta de Nacimiento

Si no puede proporcionar los documentos necesarios o tiene alguna pregunta, por favor llame a la oficina del programa de CCS del Condado de YOLO at (530) 402-2800.

Atentamente,

California Children`s Services

C-38MS, 2002-164163
'Ann Pgm Elig Ltr #1 M/C)

cc:

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
825 EAST STREET, SUITE 302
WOODLAND,CA 95776
(530) 402-2800

SEGUNDA NOTIFICACIÓN
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ESTIMADO/A ENOCH & DAVINIA CHOW:

En confirmidad con la Sección 42000, del Título 22, del Código de Reglamentos de California, se requiere una determinación de elegibilidad anual, a fin de que la cobertura del programa de CCS de KID GIDEON WRONG continúe. puesto que KID es un beneficiario de Medi-Cal, esta determinación consistirá en verificar la elegibilidad residencial en este condado. Además, necesitamos que firme un Acuerdo de Servicios del Programa que garantiza otro año de cobertura del programa de CCS a KID.

Scheduled Date: 07/19/2002 Time 8:00AM Interview With: JULIE RUNDALL

r favor, llame a la oficina del programa de CCS del Condado de YOLO, a más tardar el 08/02/2002, para concertar una cita, o para hacer los arreglos para proporcionar prueba de la residencia, y firmar el Acuerdo de Servicios del Programa.

DOCUMENTOS DE SEGURO MÉDICO
(Si usted tiene seguro médico privado, por favor envíe por correo traigo a la entrevista los documentos a continuación.)

* Nombre de la Póliza de Seguro
* Número de la Póliza de Seguro
* Tarjeta de la Póliza de Seguro
* Prueba de Cobertura
  Formulario de Seguro Médico Completado (MC 2600) (adjunto)

DOCUMENTOS SOBRE LA RESIDENCIA EN EL CONDADO
(Traigo por lo menos dos de los documentos a continuación.

* Tarjeta/Formularios de Empadronamiento (de Votante)
* Convenio de Alquiler/Arrendamiento
* Licencia de Conducir/Tarjeta de Identificación del Departamento de Vehículos Motorizados
* Cobros de Servicios Públicos
* Otros documentos que comprueben que vive en el condado

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

OTROS DOCUMENTOS DE KID GIDEON WRONG:
(Por favor, traiga o envíe por correo copias de cualquier documento, si es pertinente.)

* Tarjeta del Seguro Social
* Documentos de Tutoría Legal/Patria Potestad
  Acta de Nacimiento

Si no puede proporcionar los documentos necesarios o tiene alguna pregunta, por favor llame a la oficina del programa de CCS del Condado de YOLO at (530) 402-2800.

Atentamente,

California Children`s Services

C-38MAS, 2002-164165
(Ann Pgm Elig Ltr #2 M/C)

cc:

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
^?5 EAST STREET, SUITE 302
/ODLAND,CA 95776
(530) 402-2800

FIRST NOTICE
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
DOB: 12/21/1996
CCS#: T41100
CO: YOLO

DEAR ENOCH & DAVINIA CHOW

In accordance with California Code of Regulations, Title 22, Section 42000, a yearly eligiblity determination is required in order for KID GIDEON WRONG`s CCS coverage to continue. Since KID is a Healthy Families subscriber this determination will consist of verifying residential eligibility within this county. We also need you to sign a Program Services Agreement that guarantees KID another year of CCS coverage.

Please call the YOLO County CCS office by 08/02/2002 to schedule an appointment or make arrangements to provide proof of residence and to sign the Program Services Agreement.

ɔcheduled Date 07/19/2002 Time: 8:00AM Interview With JULIE RUNDALL

Please bring or mail copies of at least two items that prove county residency such as:

Voter Registration Cards/Forms
Rental Agreements/Lease
Driver`s License/DMV Identification Card
Utility Bills
Other documentation that demonstrates you live in the county

If you cannot provide the needed documentation or have questions, please call the YOLO County CCS office at (530) 402-2800.

Sincerely,

California Children`s Services

cc

38HF, 2002-164154
(Ann Pgm Elig #1 HF)

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
5 EAST STREET, SUITE 302
..ODLAND,CA 95776
(530) 402-2800

SECOND NOTICE
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

DEAR ENOCH & DAVINIA CHOW:

In accordance with California Code of Regulations, Title 22, Section 42000, a yearly eligibility determination is required in order for KID GIDEON WRONG`s CCS coverage to continue. Since KID is a Healthy Families subscriber this determination will consist of confirming residential eligibility within this county. We also need you to sign a Program Services Agreement that guarantees KID another year of CCS coverage.

Please call the YOLO County CCS office by 08/02/2002 to schedule an appointment or to make arrangements to provide proof of residency and to sign the program services agreement.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

.ease bring or mail copies of at least two items that provide residency such as:

* Voter Registration Cards/Forms
* Rental Agreement/Lease
* Driver`s License/DMV Identification Card
* Utility Bills
* Other documentation that demonstrates you live in the county

If you cannot provide the needed documentation or have questions, please call the YOLO County CCS office at (530) 402-2800. Remember you must contact us for your interview and/or provide proof of residency by 08/02/2002 to continue eligibility in the CCS program.

Sincerely,

California Children`s Services

cc:

·38HFA, 2002-164156
(Ann Pgm Elig #2 HF)

CALIFORNIA CHILDREN SERVICES
EL DORADO COUNTY
931 SPRING STREET
PLACERVILLE,CA 95667
530)621-6128

THIRD NOTICE
12/04/2000

MR AND MRS WRONG
3910 HAPPY LANE
PLACERVILLE,CA 95667

RE: NUMBER WRONG
CCS#: T50577
DOB: 01/01/1901
CO: EL DORADO

DEAR MR AND MRS WRONG:

The EL DORADO County California Children Services (CCS) office sent you two notices over the last thirty (30) days. Each notice requested that you call to schedule a meeting with us or provide proof of NUMBER WRONG`s continued county residential eligibility for CCS services. We received no response from you.

Since NUMBER WRONG has been confirmed as a Healthy Families (HF) subscriber, the CCS program will continue to provide medical case management including the authorization of medically necessary services related to the CCS-eligible condition. However, this will only continue as long as NUMBER WRONG continues to be a HF plan subscriber. Once HF coverage has stopped, CCS authorization and payment for services will be stopped.

The CCS program strongly encourages you to complete the CCS program yearly eligibility determination process in order to prevent any discontinuation of CCS authorizations for treatment of your child`s CCS-eligible medical condition should HF eligibility stop.

Sincerely,

California Children Services

cc:

C-38HFB, 2000-92455
(Ann Pgm Elig #3 HF)

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
825 EAST STREET, SUITE 302
WOODLAND,CA 95776
(530) 402-2800

PRIMERA NOTIFICACIÓN
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ESTIMADO/A ENOCH & DAVINIA CHOW:

En conformidad con la Sección 42000, del Título 22, del Código de Reglamentos de California, se require una determinacíon de elegibilidad anual, a fin de que coantinúe la cobertura del programa de CCS de KID GIDEON WRONG. Puesto que KID es un(a) subscriptor(a) del programa de Healthy Families, esta determinacíon consiste en verificar la elegibilidad residencial en este condado. Además, necesitamos que usted firme un Acuerdo de Servicios del Programa que garantiza a KID otro año de cobertura del programa de CCS.

Por favor, llame a la oficina del programa de CCS del Condado de YOLO a más tardar el 08/02/2002 para concertar una cita, o para hacer los arreglos para proporcionar la prueba de residencia, y firmar el Acuerdo de Servicios del Programa.

heduled Date: 07/19/2002 Time: 8:00AM Interview With JULIE RUNDALL

Por favor, traigo o envíe por correo copias del por lo menos dos artículos que prueben su residencia en el condado, como por ejemplo:

Tarjeta/Formularios de Empadronamiento (de Votante)
Convenio de alquiler/Arrendamiento
Licencia de Conducir/Tarjeta de Identificatión del Departmento de Vehículos Motorizados
Cobros de Servicios Públicos
Otros documentos que demuestren que usted vive en el condado.

Si no puede proporcionar la documentación necesaria, o si tiene alguna pregunta, por favor llame a la oficina del programa de CCS del condado de YOLO al (530) 402-2800.

Atentamente,

California Children`s Services

C-38HFS, 2002-164154
(HF Ann Pgm Elig #1)

cc

CALIFORNIA CHILDREN`S SERVICES
YOLO COUNTY
^^5 EAST STREET, SUITE 302
/ODLAND,CA 95776
(530) 402-2800

SEGUNDA NOTIFICACIÓN
07/18/2002

ENOCH & DAVINIA CHOW
1234 STARDUST LANE
DAVIS, CA 95616

RE: KID GIDEON WRONG
CCS#: T41100
DOB: 12/21/1996
CO: YOLO

ESTIMADO/A ENOCH & DAVINIA CHOW:

En conformidad con la Sección 42000, del Título 22, del Código de Reglamentos de California, se require una determinacíon de elegibilidad anual, a fin de que coantinúe la cobertura del programa de CCS de KID GIDEON WRONG. Puesto que KID es un(a) subscriptor(a) del programa de Healthy Families, esta determinacíon consiste en verificar la elegibilidad residencial en este condado. Además, necesitamos que usted firme un Acuerdo de Servicios del Programa que garantiza a KID GIDEON WRONG otro año de cobertura del programa de CCS.

Por favor, llame a la oficina del programa de CCS del Condado de YOLO a más tardar el 08/02/2002 para concertar una cita, o para hacer los arreglos para proporcionar la prueba de residencia, y firmar el Acuerdo de Servicios l Programa.

Scheduled Date: 07/19/2002 Time: 8:00AM Interview With: JULIE RUNDALL

Por favor, traigo o envíe por correo copias del por lo menos dos artículos que prueben su residencia en el condado, como por ejemplo:

* Tarjeta/Formularios de Empadronamiento (de Votante)
* Convenio de alquiler/Arrendamiento
* Licencia de Conducir/Tarjeta de Identificatión del Departmento de Vehículos Motorizados
  Cobros de Servicios Públicos
* Otros documentos que demuestren que usted vive en el condado.

Si no puede proporcionar la documentación necesaria, o si tiene alguna pregunta, por favor llame a la oficina del programa de CCS del condado de YOLO al (530) 402-2800.

Atentamente,

California Children`s Services

C-38HFAS, 2002-164156
'F Ann Pgm Elig #2)

cc:

108

CALIFORNIA CHILDREN SERVICES
PROGRAM SERVICES AGREEMENT

NAME OF CLIENT/APPLICANT: KID LAVORRA WRONG
CCS# T50393 DATE OF BIRTH: 01/01/1979

A. I am a resident of BUTTE County, California.
B. I certify that I am not able to pay for the cost of medical care to be provided by CCS.
C. I understand that CCS will cover medically necessary services when:
   1. they are related solely to KID LAVORRA WRONG's CCS medically eligible condition, and when
   2. these services have been requested from CCS prior to or at the time such services are rendered.
D. I understand I will be responsible for the cost of medical services not authorized by CCS.
E. I agree to notify CCS immediately of any changes in: 1) KID LAVORRA WRONG's name, address or telephone number; 2)health insurance coverage, including Medi-Cal or Medicare; or 3) CCS eligibility relating to residence and income.
F. I will use health insurance and other coverage whenever possible and will assign insurance rights for services provided.
G. If I receive a payment from insurance, a lawsuit, a public drive, or any other source for services paid by CCS, I will repay CCS. I will inform CCS of steps taken to recover expenses paid by CCS, including the name of my attorney and dates of any administrative or court hearings.
H. I understand that state law requires families above specified income levels to pay an enrollment fee as a requirement for eligibility for medical treatment services and that it is independent of any other financial obligation to the program. I also understand that my obligation for the enrollment fee is as follows:
   < > I am requesting only diagnostic services or physical/occupational therapy services at a Medical Therapy Unit (MTU) and am therefore exempt from the enrollment fee.
   < > I am exempt from the enrollment fee due to the adoption provisions of Section 270 of the Health & Safety Code.
   < > My income level exempts me for the enrollment fee.
   < > My income level requires that I pay an enrollment fee of $_____ for services provided during the period of this agreement and I have signed the Enrollment Fee Agreement form.
I. I agree to adhere to the statutes and regulations of the CCS program.
J. I certify that the information I have provided to CCS is true and correct to the best of my knowledge.
K. I have read this agreement (or had it read to me). I understand it and have been given a copy.
L. This agreement is effective from _____ to _____.
   (Pgm Elig Date) (Annual Renewal)

M. Signature: _____ Date:

Relationship to KID LAVORRA WRONG: _____

N. _____ _____
(Signature of CCS Representative) (Date)

PSA, 99-38529
Program Services Agreement

CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM
REFERRAL FORM

This form is to be completed by a health care provider who is requesting authorization for a medical service (including hospital inpatient stays) from the CCS program for an infant/child/adolescent who may have a CCS medically eligible condition. The form is to be completed for an initial request for services, which constitutes a referral to the program.

PATIENT INFORMATION

DATE:

CCS Number (if known): _____

PATIENT NAME & ADDRESS	DATE OF BIRTH: / / SEX: Male ____ Female ____	PARENT(S)/LEGAL GUARDIAN NAME & ADDRESS:
	SOCIAL SECURITY NUMBER: ____-____-____	
PARENT'S HOME PHONE NUMBER: ( ) -	COUNTY OF RESIDENCE:	HOME PHONE NUMBER: ( ) - WORK PHONE NUMBER: ( ) -

NAME OF REFERRING PARTY:	RELATIONSHIP TO PATIENT:
ADDRESS (If other than parent/legal guardian completing referral form):	REFERRED BY: CHDP EXAM ___ REGIONAL CENTER SCHOOL ___ CCS CASE FINDING PARENT ___ OTHER

SUSPECTED CCS MEDICAL CONDITION:

If diagnosis is known, please identify:

PRIMARY: SECONDARY:

SERVICE REQUESTED:

REQUESTED PROVIDER:

ADDRESS:

LOCAL PHYSICIAN:

ADDRESS:

MEDI-CAL? Yes___ No___ Unknown___ If Yes, Medi-Cal Number:	INSURANCE? Yes___ No___ Unknown___ If Yes, Insurance Carrier & Policy Number: Is Insurance an HMO? Yes___ No___
PATIENT BIRTHPLACE (COUNTY): MOTHER'S MAIDEN NAME:	ETHNIC GROUP: ___Amer Indian ___Asian ___Black ___Hispanic ___Filipino ___White ___Other Non-White ___No Response ___Unknown
COMPLETED BY:	PHONE NUMBER: ( ) -
TITLE:	

2/21/96

State of California
Children's Medical Services Branch

CALIFORNIA CHILDREN SERVICES
REQUEST FOR SERVICE FORM

This form is to be completed by a health care provider who is requesting authorization for a medical service (including hospital inpatient stays) from the CCS program for an infant/child/adolescent who may have a CCS medically eligible condition. The form is to be completed for an initial request for services, which constitutes a referral to the program OR for requests for services on behalf of an infant/child/adolescent already known to the program.

PATIENT INFORMATION CCS Number (if known): _____		*DATE:*
PATIENT NAME & ADDRESS	DATE OF BIRTH: / / SEX: Male _____ Female _____ SOCIAL SECURITY NUMBER: _____-_____-_____	PARENT(S)/LEGAL GUARDIAN NAME & ADDRESS:
PARENT'S HOME PHONE NUMBER: ( ) -	COUNTY OF RESIDENCE:	HOME PHONE NUMBER: ( ) - WORK PHONE NUMBER: ( ) -
MEDI-CAL? Yes _____ No _____ If Yes, Medi-Cal Number:		INSURANCE? Yes _____ No _____ If Yes, Insurance Carrier & Policy Number: Is Insurance an HMO? Yes _____ No _____

Please complete the two lines below ONLY if this is the initial request for service (referral) for this patient:

PATIENT BIRTHPLACE (COUNTY): _____ MOTHER'S MAIDEN NAME: _____	ETHNIC GROUP ____Amer Indian ____Asian ____Black ____Hispanic ____Filipino ____White ____Other Non-White ____No Response ____Unknown

REQUEST FOR SERVICE

PROVIDER TYPE: PHYSICIAN ____ HOSPITAL _____ OTHER HEALTH CARE PROVIDER ____

SPECIFY: _____

SPECIFIC SERVICES REQUESTED	PROCEDURE CODES:
1.	
2.	
3.	

Pertinent medical information related to the request: (describe nature of medical problems, including significant associated conditions OR attach medical reports that support the requested service).

If diagnosis is known, please identify:

PRIMARY:

SECONDARY:

OTHER:

PROVIDER NAME/ADDRESS

COMPLETED BY:	PHONE NUMBER: ( ) -
TITLE:	

2/21/90

State of California
Children's Medical Services Branch

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

06/17/1999

MR AND MS UNK
714 P STREET
CHICO,CA 95973

RE: KID TRACI WRONG
DOB: 07/06/1981
CCS#: T51034
CO: BUTTE

Dear MR AND MS UNK:

BUTTE County California Children Services (CCS) has been informed that KID TRACI WRONG presently resides at:

MR. & MRS. WRONG
NEW ADDRESS PLACER COUNTY
AUBURN,CA 95603

New Residence County: PLACER

Health and Safety Code Section 123895 requires this agency to make a determination of KID TRACI WRONG's county of residence in order to authorize CCS services. COUNTY OF RESIDENCE MUST BE ESTABLISHED/VERIFIED AT THIS TIME IN ORDER TO CONTINUE CCS COVERAGE.

The purpose of this letter is to seek confirmation of KID TRACI WRONG's residence. In order to avoid interruption of CCS services and benefits, please write or call PLACER County CCS at 530-889-6794 to confirm your residence immediately from the date of this letter. Failure to notify the new county by 07/02/1999 will result in cancellation of authorizations for services and closure of your CCS case.

Thank you for responding promptly

Sincerely,

California Children Services

cc: MR. & MRS. WRONG
NEW ADDRESS PLACER COUNTY
AUBURN,CA 95603

PLACER COUNTY CCS
11730 ENTERPRISE DRIVE

AUBURN,CA 95603

(C-21, Tfr#1), 99-40981

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

SECOND NOTICE
06/17/1999

MR AND MS UNK
714 P STREET
CHICO,CA 95973

RE: KID TRACI WRONG
DOB: 07/06/1981
CCS#: T51034
CO: BUTTE

Dear MR AND MS UNK:

BUTTE County California Children Services (CCS) has been informed that KID TRACI WRONG presently resides at:

MR. & MRS. WRONG
NEW ADDRESS PLACER COUNTY
AUBURN,CA 95603

New Residence County: PLACER

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The purpose of this letter is to seek confirmation of KID TRACI WRONG's residence. In order to avoid interruption of CCS services and benefits, please write or call PLACER County at 530-889-6794 to confirm your residence immediately from the date of this letter. Failure to notify the new county by 07/02/1999 will result in cancellation of authorizations for services and closure of your CCS case.

Thank you for responding promptly.

Sincerely,

California Children Services

cc: MR. & MRS. WRONG
NEW ADDRESS PLACER COUNTY
AUBURN,CA 95603

PLACER COUNTY CCS
11730 ENTERPRISE DRIVE

AUBURN,CA 95603

(C-21A,Tfr#2), 99-40985

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

NOTICE OF ACTION
06/17/1999

MR AND MS UNK
714 P STREET
CHICO,CA 95973

RE: KID TRACI WRONG
DOB: 07/06/1981
CCS#: T51034
CO: BUTTE

Dear MR AND MS UNK:

The BUTTE County California Children Services (CCS) office sent you two notices over the last thirty (30) days. Each notice requested that you notify CCS to confirm your current residence. We received no response from you.

The CCS program must conclude that you are not interested in continuing CCS services since proof of residence was not provided. Therefore, the CCS program will cancel all authorizations for services and your CCS record will be closed. (Title 22, California Code of Regulations, Section 42000.)

The effective date of this Notice of Action is 06/17/1999.

THIS SPACE IS AVAILABLE FOR FREE TEXT.

This Notice of Action (NOA) is required by California Code of Regulations, Title 22, Section 42701. If you have any questions or if there are additional facts relating to your circumstances which you have not reported, please telephone CCS at (530)895-6546.

If you are dissatisfied with the above action, you may request an appeal. Information concerning your right to appeal, how to initiate an appeal, and where to obtain detailed information on the process, is explained on the enclosure.

Sincerely,

-California Children's Services-

Enclosures

cc: NEW ADDRESS PLACER COUNTY
AUBURN,CA 95603

PLACER COUNTY CCS
11730 ENTERPRISE DRIVE

AUBURN,CA 95603

114

(C-21B, Tfr-NOA), 99-40992

CALIFORNIA CHILDREN SERVICES PROGRAM 06/17/1999
NOTICE OF ACTION - APPEAL PROCESS

PATIENT NAME: KID TRACI WRONG
DATE OF BIRTH: 07/06/1981
CCS CASE NUMBER: T51034
COUNTY: BUTTE

The California Children Services (CCS) program appeals process provides the applicant, parent, legal guardian, or authorized representatative with a formal structure for disagreeing with a decision made by CCS.

You have the right to appeal the action taken or proposed by the CCS program and reported to you on this form.

The procedure for filing an appeal in response to a Notice of Action is as follows:

1. Submit your appeal by letter or use an appeal form. (Copies of an appeal form can be obtained from your local CCS office.) Your appeal must include: the CCS agency decision that you are appealing, the action you want taken, and the supportive information and documentation.

2. The appeal MUST be submitted by 07/17/1999, which is 30 calendar days from the date on the Notice of Action.

3. If the appeal concerns the reduction or termination of currently authorized services and you wish these to be continued during the appeal process, your appeal must state this in the request.

4 You may request and receive help and information on the appeal process through your local CCS program. Assistance and representation may also be available through organizations that provide legal assistance.

5. Your appeal is to be submitted to the CCS office designated below:

   CALIFORNIA CHILDREN SERVICES
   BUTTE COUNTY (CCS)
   1370 RIDGEWOOD DRIVE, STE 22

   CHICO,CA 95973

6. You have a right to review the CCS file and medical reports for KID TRACI WRONG.

Note: The right to appeal and the description of the "first level of appeal" is in the California Code of Regulations, Title 22, Article 2, Sections 42702 and 42703.

IF YOU HAVE ANY QUESTIONS ABOUT THE FILING OF AN APPEAL, PLEASE CALL YOUR LOCAL CCS OFFICE AT: (530)895-6546.

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

06/16/1999

MR AND MS UNK
714 P STREET
CHICO,CA 95973

RE: KID TRACI WRONG
CCS#: T51034
DOB: 07/06/1981
CO: BUTTE

Dear MR AND MS UNK:

Thank you for notifying the BUTTE County California Children Services (CCS) program regarding your recent move to:

MR. & MRS. WRONG
NEW ADDRESS PLACER COUNTY
AUBURN,CA 95603

NEW RESIDENCE COUNTY: PLACER

Health and Safety Code Section 123895 requires this agency to make a determination of KID TRACI WRONG's county of residence in order for CCS to authorize services in PLACER County. COUNTY OF RESIDENCE MUST BE ESTABLISHED/VERIFIED AT THIS TIME IN ORDER TO CONTINUE CCS COVERAGE.

As a result of your move, it is necessary for you to contact the CCS office at the following address and/or telephone number:

CALIFORNIA CHILDREN SERVICES
PLACER COUNTY
11730 ENTERPRISE DRIVE

AUBURN,CA 95603
530-889-6794

If your relocation plans have changed or are different from above, please contact BUTTE County CCS at (530)895-6546 by 07/01/1999.

Thank you for your cooperation.

Sincerely,

California Children Services

cc: MR. & MRS. WRONG
NEW ADDRESS PLACER COUNTY
AUBURN,CA 95603

PLACER COUNTY CCS

(C-20,Tfr #1), 99-40868

CALIFORNIA CHILDEN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22
CHICO,CA 95973
(530)895-6546

SECOND NOTICE
06/16/1999

MR AND MS UNK
714 P STREET
CHICO,CA 95973

RE: KID TRACI WRONG
CCS#: T51034
DOB: 07/06/1981
CO: BUTTE

Dear MR AND MS UNK:

Thank you for notifying the BUTTE County California Children Services (CCS) program regarding your recent move to:

MR. & MRS. WRONG
NEW ADDRESS PLACER COUNTY
AUBURN,CA 95603

NEW RESIDENCE COUNTY: PLACER

Health and Safety Code Section 123895 requires this agency to make a determination of KID TRACI WRONG's county of residence in order for CCS to authorize services in PLACER County. COUNTY OF RESIDENCE MUST BE ESTABLISHED/VERIFIED AT THIS TIME IN ORDER TO CONTINUE CCS COVERAGE.

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PLACER COUNTY
11730 ENTERPRISE DRIVE

AUBURN,CA95603
530-889-6794

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Thank you for your cooperation.

Sincerely,

California Children Services

cc: MR. & MRS. WRONG
NEW ADDRESS PLACER COUNTY
AUBURN,CA 95603

PLACER COUNTY CCS

(C-20A,Tfr #2),99-40869

CALIFORNIA CHILDREN SERVICES
BUTTE COUNTY
1370 RIDGEWOOD DRIVE, STE 22

CHICO,CA 95973
(530)895-6546

NOTICE OF ACTION

MR AND MS UNK
714 P STREET
CHICO,CA 95973

06/17/1999
RE: KID TRACI WRONG
CCS#: T51034
DOB: 07/06/1981
CO: BUTTE

Dear MR AND MS UNK:

The BUTTE County California Children Services (CCS) office sent you two notices over the last thirty (30) days. Each notice requested that you notify CCS to confirm your current residence. We received no response from you.

The CCS program must conclude that you are not interested in continuing CCS services since proof of residence was not provided. Therefore, the CCS program will cancel all authorization for services and your CCS record will be closed. (Title 22, California Code of Regulations Section 42000.)

The effective date of this Notice of Action is 06/17/1999.

THIS SPACE IS AVAILABLE FOR FREE TEXT.
This Notice of Action (NOA) is required by California Code of Regulations, Title 22, Section 42701. If you have any questions or if there are additional facts relating to your circumstance which you have not reported, please telephone CCS at (530)895-6546.

If you are dissatisfied with the above action, you may request an appeal. Informaton concerning your right to appeal, how to initiate an appeal, and where to obtain detailed information on the process, is explained on the enclosure.

Sincerely

California Children Services

Enclosure

cc: MR. & MRS. WRONG
NEW ADDRESS PLACER COUNTY
AUBURN,CA 95603

PLACER COUNTY CCS

(C-20B,Tfr NOA),99-40964

06/17/1999

CALIFORNIA CHILDREN SERVICES PROGRAM
NOTICE OF ACTION - APPEAL PROCESS

PATIENT NAME: KID TRACI WRONG
DATE OF BIRTH: 07/06/1981
CCS CASE NUMBER: T51034
COUNTY: BUTTE

The California Children Services (CCS) program appeals process provides the applicant, parent, legal guardian, or authorized representative with a formal structure for disagreeing with a decision made by CCS.

You have the right to appeal the action taken or proposed by the CCS program and reported to you on this form.

The procedure for filing an appeal in response to a Notice of Action is as follows:

1. Sumbit your appeal by letter or use an appeal form. (Copies of an appeal form can be obtained from your local CCS office.) Your appeal must include: the CCS agency decision that you are appealing, the action you want taken, and the supportive information and documentation.

2 The appeal MUST be submitted by 07/17/1999, which is a 30 calendar days from the date of the Notice of Action.

   If the appeal concerns the reduction or termination of currently authorized services and you wish these to be continued during the appeal process, your appeal must state this in the request.

4. You may request and receive help and information on the appeal process through your local CCS program. Assistance and representation may also be available through organizations that provide legal assistance.

5. Your appeal is to be sumbitted to the CCS office designated below:

   CALIFORNIA CHILDREN SERVICES
   BUTTE COUNTY (CCS)
   1370 RIDGEWOOD DRIVE, STE 22

   CHICO,CA 95973

6. You have a right to review the CCS file and medical records for KID TRACI WRONG.

Note: The right to appeal and the description of the "first level of appeal" is in the California Code of Regulations, Title 22, Article 2, Section 42702 and 42703.

IF YOU HAVE ANY QUESTIONS ABOUT THE FILING OF AN APPEAL, PLEASE CALL YOUR LOCAL CCS OFFICE AT: (530)895-6546.

CALIFORNIA CHILDREN`S SERVICES
YUBA COUNTY
6000 LINDHURST AVE, SUITE 601B
MARYSVILLE,CA 95901
741-6340

FIRST NOTICE
05/24/2001

DELLA HEAD
123 MAIN STREET
MARYSVILLE,CA 95901

RE: ONE TEST
CCS#: 1122334
DOB: 04/13/1984
CO: YUBA

Dear DELLA HEAD:

California Children`s Services has calculated your annual assessment and enrollment fees for ONE TEST and you have agreed to a payment plan for these fees according to the schedule below. Each payment is due and payable in full within sixty days of the due date below. If you do not make the payment within 60 days of each payment due date, the CCS program may close the case for ONE TEST and no further services will be paid.

Payment 1:	Amount $28	Date Due: 06/01/2001
Payment 2:	Amount $26	Date Due: 06/15/2001
Payment 3:	Amount $26	Date Due: 07/01/2001

Payments Received:	Amount $	Date Received:
	Amount $	Date Received:
	Amount $	Date Received:

Total Balance Due: $80

Please make your check payable to: CALIFORNIA CHILDREN`S SERVICES
YUBA COUNTY
6000 LINDHURST AVE, SUITE 601B

MARYSVILLE,CA 95901

If you cannot fulfill payment obligations, please contact us at 530 741-6340 as soon as possible.

Please do not miss your payment due dates as you risk closure of your child`s CCS case and non-payment of further services.

Sincerely,

California Children`s Services

C-40, 2001-276
(Fee Letter #1)

CALIFORNIA CHILDREN`S SERVICES
YUBA COUNTY
6000 LINDHURST AVE, SUITE 601B
MARYSVILLE,CA 95901
: 741-6340

SECOND NOTICE
05/24/2001

DELLA HEAD
123 MAIN STREET
MARYSVILLE,CA 95901

RE: ONE TEST
CCS#: 1122334
DOB: 04/13/1984
CO: YUBA

Dear DELLA HEAD:

California Children`s Services has calculated your annual assessment and enrollment fees for ONE TEST and you have agreed to a payment plan for these fees according to the schedule below. Each payment is due and payable in full within sixty days of the due date below. If you do not make the payment within 60 days of each payment due date, the CCS program may close the case for ONE TEST and no further services will be paid.

Payment 1:	Amount $28	Date Due: 06/01/2001
Payment 2:	Amount $26	Date Due: 06/15/2001
Payment 3:	Amount $26	Date Due: 07/01/2001

Payments Received:	Amount $28	Date Received: 05/24/2001
	Amount $	Date Received:
	Amount $	Date Received:

Total Balance Due: $52

Please make your check payable to: CALIFORNIA CHILDREN`S SERVICES
YUBA COUNTY
6000 LINDHURST AVE, SUITE 601B

MARYSVILLE,CA 95901

If you cannot fulfill payment obligations, please contact us at 530 741-6340 as soon as possible.

Please do not miss your payment due dates as you risk closure of your child`s CCS case and non-payment of further services.

Sincerely,

California Children`s Services

C-40A, 2001-277
(Fee Letter #2)

CALIFORNIA CHILDREN`S SERVICES
YUBA COUNTY
6000 LINDHURST AVE, SUITE 601B
MARYSVILLE,CA 95901
: 741-6340

THIRD NOTICE
05/24/2001

DELLA HEAD
123 MAIN STREET
MARYSVILLE,CA 95901

RE: ONE TEST
CCS#: 1122334
DOB: 04/13/1984
CO: YUBA

Dear DELLA HEAD:

California Children`s Services has calculated your annual assessment and enrollment fees for ONE TEST and you have agreed to a payment plan for these fees according to the schedule below. Each payment is due and payable in full within sixty days of the due date below. If you do not make the payment within 60 days of each payment due date, the CCS program may close the case for ONE TEST and no further services will be paid.

Payment 1:	Amount $28	Date Due: 06/01/2001
Payment 2:	Amount $26	Date Due: 06/15/2001
Payment 3:	Amount $26	Date Due: 07/01/2001

Payments Received:	Amount $28	Date Received: 05/24/2001
	Amount $26	Date Received: 05/24/2001
	Amount $	Date Received:

Total Balance Due: $26

Please make your check payable to: CALIFORNIA CHILDREN`S SERVICES
YUBA COUNTY
6000 LINDHURST AVE, SUITE 601B

MARYSVILLE,CA 95901

If you cannot fulfill payment obligations, please contact us at 530 741-6340 as soon as possible.

Please do not miss your payment due dates as you risk closure of your child`s CCS case and non-payment of further services.

Sincerely,

California Children`s Services

C-40B, 2001-278
(Fee Letter #3)