

HEALTHY FAMILIES **MEDI-CAL FOR FAMILIES**
 For Your Family's Health

GOOD NEWS ABOUT HEALTH COVERAGE!

Now, more children and teens qualify for free or low-cost medical, dental and vision care coverage programs!

Interested in more information? If so, please fill out this form and return it to your child's school or call 1-888-747-1222 (toll free).



Yes, please send me information and an application for health coverage in:

- English
- Español
- Հայերեն
- Việt Ngữ
- 한국어
- ગુજરાતી
- Hmoob
- Русский язык
- فارسی
- 中文
- ភាសាខ្មែរ

Would you like a trained Healthy Families/Medi-Cal for Families representative to contact you at the phone number you list below to help you, free of charge, with the application process?

- Yes
- No

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 PARENT/GUARDIAN'S AREA CODE AND PHONE NUMBER

PARENT/GUARDIAN'S NAME

CHILD'S NAME

STREET ADDRESS/P.O. BOX

CITY

ZIP CODE

COUNTY

SCHOOL NAME

PARENTS/GUARDIANS
 Return this form to your child's school or call 1-888-747-1222 (toll free) if you want information or someone to contact you.

SCHOOL STAFF
 Please forward this form to your School Food Services Director or District Health Staff.

SCHOOL FOOD SERVICES DIRECTOR OR DISTRICT HEALTH STAFF

Please mail this form to:
 Healthy Families/Medi-Cal
 for Families Request
 State of California
 P.O. Box 2590

Rancho Cordova, CA 95741-2590

www.healthyfamilies.ca.gov



Parent/Guardian's Privacy Notice
 The law requires us to tell you what we will do with any personal information you choose to send us on this form. Healthy Families or the Department of Health Services will send you information or if you want to be contacted, will have a representative use the information to contact you about health coverage. This information will not be used for any other purpose. If you have questions about this form, please call 1-888-747-1222 (toll free).