



MEDI-CAL ASSISTANCE SERVICES CHECKLIST

Please bring the following documents.

Client Information

- Full Name
- Date of Birth
- SSN or ITIN
- Contact Info
- Preferred communication
- Household members (names, DOB, SSNs)

Household & Income Information

- Household members list
- Income sources (employment, benefits, child support, SSI, unemployment)
- Household expenses (rent/mortgage, utilities, childcare, medical)

Documentation Required

- Proof of identity
- Proof of citizenship or eligible status
- Proof of income
- Proof of residence
- Current Medi-Cal card (renewals)

Application / Renewal Process

- Complete application
- Submit documentation
- Schedule/attend interviews
- Track status
- Receive Medi-Cal ID / coverage confirmation

Additional Notes

- Special circumstances (pregnancy, disabilities, elderly)
- Report changes promptly
- Assistance with re-certification
- Guidance on additional programs (Dental, Vision, Behavioral Health)