

**Independent Living Program Activity Card**

**Category: IMPORTANT DOCUMENTS**

**Activity: Get Medi-Cal**

**Description:** **The objective of this assignment is to:** Encourage you to have Medi-Cal. Having medical insurance is important and makes doctor's appointments, getting prescription medications and hospitalization more accessible and cost effective.

**How do I get credit for this assignment?**

- Read through all of the information provided
- Get signed up for MediCal.
- Email a copy of your MediCal card along with this cover sheet to: ILP Admin at [ilpadmin@orangewoodfoundation.org](mailto:ilpadmin@orangewoodfoundation.org)

**You may earn \$5.00 OF dollars for turning in a copy of your Medi-Cal card.**

Total Dollars Earned:

<p>\$</p>  <p>(ILP Use Only)</p>
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Notes:

	<p><b>Goal:</b></p> <p><b>1:1</b></p>
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Date: \_\_\_\_\_

Youth Signature	Date of Birth
Print Name (Youth)	Group Home (If Applicable)

<p><b>Receipt</b></p>   <p>(ILP Use Only)</p>
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# Get Medi-Cal

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## County of Orange **SOCIAL SERVICES AGENCY**

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### **FFCC Medi-Cal Program Eligibility Up to Age 18**

If you are 18 years old and receiving foster care funding at the time of your emancipation or transition to Extended Foster Care (EFC), then you are eligible to receive “Former Foster Care Children” (FFCC) Medi-Cal coverage up to the age of 21 as long as you continue to reside in the State of California. This is an important health care coverage option as it can be easily applied for and easily maintained, regardless of your income or living situation upon turning 18.

In order to initially receive FFCC Medi-Cal, you must fill out a simple form indicating that you wish to receive FFCC Medi-Cal. To ensure you receive the form when you turn 18, you need to:

1. If you leave placement when you turn 18 or any time after, provide your prior caretaker with your new address, so that your prior caretaker can forward the FFCC form to you so you can complete it and send it back to your new Medi-Cal worker.  
OR
2. File a change of address at the Post Office, so that the FFCC Medi-Cal form is forwarded to you directly by the Post Office. Then, complete the FFCC Medi-Cal form and return it to your new Medi-Cal worker.  
OR
3. Call Medi-Cal Eligibility Supervisor, Irma Caballero, at (714) 704-6171 or Shirley Barksdale at (714) 704-7907.

If you have questions regarding your Medi-Cal benefits, including whether you are eligible for FFC, call:

Shirley Barksdale at (714) 704-7907.

Note: Be sure to get your plastic Benefit Identification Card (BIC) from your prior caretaker if you leave placement at age 18 or after.

### **FFCC Medi-Cal Program Eligibility Up to Age 26**

Due to the provisions of the Affordable Care Act (ACA), you may be eligible to receive FFCC up to age 26.

How does this impact youth covered under the current FCC program?

- Youth in the FCC program will have continued coverage at age 26 beginning January 1, 2014
- If you no longer have an open CFS case: Contact these telephone numbers:
  - Shirley Barksdale (714) 704-7907
- If you still have an open CFS case: Discuss this with your assigned social worker

How to Apply for Coverage

Youth who are not enrolled can apply through the county social services department using a simplified one page Medi-Cal application called an MC250A (the MC25A is different from MC250)

- The MC250A can be found at:  
<http://www.dhsc.ca.gov/formsandpubs/forms/Forms/mc250a.pdf>
- To find out who to contact in the county, here is a listing of county offices:  
<http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices2.aspx>