

RE: \_\_\_\_\_  
 Case name

\_\_\_\_\_

Case number

\_\_\_\_\_

Worker number

**RESPONSIBILITIES OF PUBLIC GUARDIANS/CONSERVATORS  
 OR APPLICANT/BENEFICIARY REPRESENTATIVES**

You have accepted the responsibility to act on behalf of \_\_\_\_\_.  
 State law and regulation require you to report to the county welfare department any changes in the circumstances of the applicant/beneficiary within ten calendar days following the date the change occurred. You must also cooperate fully on behalf of the beneficiary in any review that may be required for quality control purposes.

Changes which must be reported within ten days include, but are not limited to:

1. A change in the beneficiary’s property, including community property.
2. A change in the beneficiary’s income.
3. Entitlement to Veteran’s Benefits or an increase in Veteran’s Benefits.
4. Changes in health insurance coverage including enrollment in available health insurance or the discontinuance of health insurance.
5. A change in the beneficiary’s living arrangement, household members, or residence.
6. The death of the applicant/beneficiary.
7. A change in guardianship/conservator or representative status.
8. Any other change in circumstances which may affect eligibility or share of cost.

You are also required (pursuant to Probate Code, Section 700.1, and Welfare and Institutions Code, Section 14009.5) to report the death of the beneficiary within 90 days of the date of death to:

**DHCS—Third Party Liability Branch  
 Estate Recovery Unit  
 MS 4720  
 P.O. Box 997425  
 Sacramento, CA 95899-7425**

Refer to “**IMPORTANT INFORMATION FOR PERSONS REQUESTING MEDI-CAL**” (MC 219) for a more complete list of your reporting responsibilities.

I hereby state, under penalty of perjury, that the information on this form has been reviewed by me and that I fully understand my responsibilities as the guardian, conservator or representative of

\_\_\_\_\_  
 Name of Beneficiary

Signature of Guardian/Conservator or Representative	Date
Address of Guardian/Conservator or Representative	Telephone number of Guardian/Conservator or Representative

*Original—Case File*

*Copy—Guardian/Conservator or Representative*