



NEWBORN REFERRAL (NOT AN APPLICATION FOR MEDI-CAL)

(PLEASE USE INK AND PRESS FIRMLY.)



The Newborn Referral Form is used to assist a Medi-Cal eligible mom to report the birth of her child(ren) to Medi-Cal. By completing the information on this form, you help the county confirm the eligibility of the newborn. Mail or fax this form to the county. County information is located on the back of this form. Any changes to the household must be reported to the county, so, turn in this information quickly. The mother may also report the birth by phone to her eligibility worker. If you are acting on behalf of the mother and are not a spouse, relative, or guardian, then your signature and identifying information is required in Section C. If entering through Gateway Program enter the BIC number assigned to the infant (**optional**).

SECTION A *The mother's Medi-Cal card can be used during the birth month and the month following for services and billing for the newborn.*

Mother's name (first, MI, last)		Mother's date of birth	BIC or Medi-Cal ID number or SSN
Mailing address (number and street) or location			County
City	State	ZIP code	Telephone number ()

SECTION B **Reminder:** *A child born to a mother with restricted benefits is eligible for full-scope benefits.*

Newborn name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—Gateway ID number
Newborn 2 name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—Gateway ID number
Newborn 3 name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—Gateway ID number

Where born (hospital name, clinic name, etc.)

Address (number and street, if available)	City	State	ZIP code
---	------	-------	----------

Will baby and mother live in the same household? Yes No

If no, has the mother given up rights to the newborn child? Yes No

If yes, date child(ren) given up: _____/_____/_____

This form does not start Medi-Cal, CalWORKs, or Food Stamp benefits. If you currently get these benefits, you must contact your eligibility worker to continue getting these benefits.

I hereby authorize release of this information to the County Department of Social Services/county welfare department.

Date of request	Parent/Relative/Guardian (of the infant) signature <input checked="" type="checkbox"/>
-----------------	---

SECTION C *(Fill in this section if form was completed by person other than parent, relative, or guardian.)*

Completed by (PLEASE PRINT)	Title
Medi-Cal ID number (If Medi-Cal provider/hospital/clinic/group, etc.)	Telephone number ()

I certify to the best of my knowledge that the information above is verified and accurate.

Signature (person other than parent, relative, or guardian) <input checked="" type="checkbox"/>	Date completed
--	----------------

For provider billing inquiries concerning or how to bill for infants, call the EDS Billing Hotline at 1-800-541-5555.

Newborn Referral County Central Location Phone List

Department Name	County Number	FAX Number	Department Name	County Number	FAX number
1 Alameda Co Social Services Agency	510-259-3882	510 259-3880	30 Orange Co Social Services Agency		714-435-4625
2 Alpine Co Department of Social Services	530-694-2235	530-694-2252	31 Placer Co Health and Human Services	530-889-7617	530-889-6826
3 Amador Co Department of Social Services	209-223-6621	209-223-6208	32 Plumas Co Department of Social Services	530-283-6350	530-283-6368
4 Butte Co Department of Social Services	None	530-879-3468	33 Riverside Co DPSS/APD Section	909-358-3000	909-358-3990
5 Calaveras Co Work & Human Services Agency	209-754-6447	209-754-6543	34 Sacramento Co Dept of Human Asst/Newborn Referral	916-395-4551	916-875-3591
6 Colusa Co Department of Health & Human Services	530-458-0264	530-458-0492	35 San Benito Co Human Services Agency	831-637-5336	831-637-9754
7 Contra Costa Co Employment & Human Services	None	925-313-1758	36 San Bernardino Co DPSS	909-388-0280	909-383-9714
8 Del Norte Co Dept of Health and Social Services	707-464-3191	707-465-1783	37 San Diego Co DHHS /DSS	858-262-9881	858-514-6760
9 El Dorado Co Department of Social Services	530-642-7159	530-626-9060	38 San Francisco Co Department of Human Services	415-558-1994	415-558-1841
10 Fresno Co Human Services System	None	559-253-9250	39 San Joaquin Co Human Services Agency	209-468-1487	209-468-1985
11 Glenn Co Human Resources Agency	None	530-934-6521	40 San Luis Obispo Co Dept of Social Services	805-781-1600	805-781-1846
12 Humboldt Co Department of Social Services	707-441-2047	707-441-5600	41 San Mateo Co Human Services Agency	650-802-7570	650-595-7576
13 Imperial Co Department of Social Services	760-337-6800	760-370-0492	42 Santa Barbara Co Department of Social Services	805-681-4528	805-737-7098
14 Inyo Co Department of Social Services	760-872-1394	760-872-4950	43 Santa Clara Co Social Services Agency	1-800-753-0024	408-792-1890
15 Kern Co Department of Human Services	661-631-6046	661-631-6631	44 Santa Cruz Co Human Resources Agency	831-454-4316	831-763-8530
16 Kings Co Human Services Agency ext 2270	209-583-3241	559-584-2749	45 Shasta Co Department of Social Services	530-225-5750	530-225-5087
17 Lake Co Department of Social Services	707-995-4201	707-995-4204	46 Sierra Co Social Services	530-993-6720	530-993-6741
18 Lassen Co WORKS	530-251-8346	530-251-8370	47 Siskiyou Co Human Services	530-841-2752	530-841-2790
19 Los Angeles Co M/C Mail-In Application District	213-763-7637	213-763-8666	48 Solano Co Health & Social Services	707-553-5311	707-421-7237
20 Madera Co Department of Social Services	209-675-2403	559-675-7983	49 Sonoma Co Social Services Department	707-527-2715	707-565-5353
21 Marin Co Department of Health and Human Services	415-473-3400	415-473-3556	50 Stanislaus Co Department of Social Services	209-558-4822	209-558-2558
22 Mariposa Co Department of Human Services	209-966-3609	209-966-5943	51 Sutter Co Department of Human Services	530-822-7230	530-822-7212
23 Mendocino Co Department of Social Services	707-463-7760	707-463-5404	52 Tehema Co Department of Social Services	530-528-4081	530-527-5410
24 Merced Co Human Services Agency	209-385-3000	209-725-3583	53 Trinity Co Health and Human Services Dept	530-623-8236	530-623-1250
25 Modoc Co Department of Social Services	530-233-6501	530-233-6504	54 Tulare Co Department of Public Social Services	559-685-4825	559-685-2529
26 Mono Co Department of Social Services	760-932-7291	760-924-5431	55 Tuolumne Co Department of Social Services	209-533-5711	209-533-5714
27 Monterey Co Department of Social Services	805-755-4662	831-755-8408	56 Ventura Co Public Social Services Agency	805-652-7618	805-652-7845
28 Napa Co Health and Human Services	707-253-4697	707-253-4693	57 Yolo Co Department of Employment & Social Services	530-661-2750	530-661-2658
29 Nevada Co Adult and Family Services	530-265-7101	530-265-7062	58 Yuba Co Department of Social Services	530-749-6311	530-749-6281