

# HEALTHY FAMILIES & MEDI-CAL FOR FAMILIES

Get complete medical, dental and vision coverage for children up to age 19.

TOLL-FREE/APPLY BY PHONE  
1-888-747-1222

## BENEFITS

- Regular checkups (including well-child checkups)
- Immunizations
- Prescription medicine
- Lab and x-rays
- Dental and eye care (including eyeglasses)
- Mental health and substance abuse services
- Physician and hospital services

## ELIGIBILITY

- Determined by family income, size and age of the child
- Covers children from birth up to age 19
- Available to U.S. citizens, U.S. nationals and qualified immigrant children regardless of date of entry (a child may qualify for some form of Medi-Cal, regardless of immigration status).  
*All information is confidential.*

## HEALTHY FAMILIES MEDI-CAL FOR FAMILIES

**For Your Family's Health**

Short, easy mail-in application—  
available in 11 languages!

### HEALTHY FAMILIES

- No co-payment for preventive services such as immunizations.
- \$5 co-payment for non-preventive services such as illness.
- Monthly premiums from \$4 to \$9 per child per month to a maximum of \$27 for all children in the family.
- Choice of major medical, dental and vision health coverage plans.

### MEDI-CAL FOR FAMILIES

- No-cost coverage.
- No monthly premiums.
- No co-payments for any benefit.

TOLL-FREE/APPLY BY PHONE  
1-888-747-1222

[www.connecting-kids.com](http://www.connecting-kids.com)

### WORKING FAMILIES QUALIFY!

A family of four can make up to \$3,928 a month.

Healthy Families	Medi-Cal
\$4 - \$9 per month per child	\$0
All children in family, \$27 a month	

You choose your doctor and health plan!

You can get free help completing the application.  
1-800-880-5305

Other programs including County Healthy Kids Programs are available for children who do not qualify for Medi-Cal for Families or Healthy Families, check website for list.

Kaiser Permanente Care for Kids'  
1-800-255-5053

California Kids'  
1-818-755-9443

*Not affiliated with or endorsed by the State of California. Eligibility is based on family size and income.*

CONNECTING KIDS TO  
HEALTHCARE THROUGH SCHOOLS

1000 G Street, Suite 450, Sacramento, CA 95814  
Tel: 916/327-6568 Toll-Free: 1-800-670-4567 Fax: 916/327-6560



A program funded by the David and Lucile Packard Foundation in partnership with the Public Health Institute and the California Managed Risk Medical Insurance Board.

# 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) if you want to apply by phone.

Arcohe Elementary 209-748-2313



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

<input type="checkbox"/> English	<input type="checkbox"/> Việt Ngữ	<input type="checkbox"/> Нисооб	<input type="checkbox"/> 中文
<input type="checkbox"/> Español	<input type="checkbox"/> 한국어	<input type="checkbox"/> Русский язык	<input type="checkbox"/> ភាសាខ្មែរ
<input type="checkbox"/> Հայերեն	<input type="checkbox"/> اردو	<input type="checkbox"/> فارسی	

( )  
 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

**Parent/Guardian's Privacy Notice**  
 The law requires us to tell you what we will do with any personal information you choose to send to 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).

**PARENTS/GUARDIANS**  
 Return this form to your child's school or call 1-888-747-1222 (toll free) if you want to apply by phone.

**SCHOOL STAFF**  
 Please forward this form to your School Office 209-748-2313  
**SCHOOL FOOD SERVICES DIRECTOR OR DISTRICT HEALTH STAFF**

Please mail this form to:  
 HF/MCF Outreach Materials for Schools  
 P.O. Box 15409  
 Sacramento, CA 95851  
[www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov)

