



Medical Linkage Form

The Medi-Cal Linkage form shall be completed by the Eligibility Analyst for determine a patient's potential eligibility for Medi-Cal or Medically Indigent Adult program of Stanislaus County.

Medi-Cal (mark all that apply)

- Single parent with children
- 65 or older, blind, disabled with SSI
- Receiving CalWORKS benefits
- Not fully covered by other programs, but have children under 21
- Pregnant woman with no CalWORKS
- Skilled nursing patient between 21 – 65 years
- Persons under 21 for family planning, pregnancy, drug/alcohol, STDs, sexual assault, mental health
- Refugees
- Immigrant (restricted to emergency and pregnancy)
- Former Foster Child (under 21)
- Woman with breast or cervical cancer
- Resident of California

- No more than one home and motor vehicle
- Within Additional Property Limits: < \$3000 for 1-2 persons (\$3600 for 6 persons, etc.)
- Within Income limits: 2 persons = \$1100, 4 = \$1660, 6 = \$2230

Medically Indigent Adult (mark all that apply)

- Age 21 – 65
- Not pregnant
- Not totally, permanently disabled for more than 12 months
- No terminal illness despite treatment
- Not fully covered by other insurance or state aid
- Resident of Stanislaus County
- U.S. Citizen or meet other relevant immigration status
- Not incarcerated

Notes:

Completed by: _____

Date: _____