



# DOES YOUR FAMILY HAVE HEALTH INSURANCE?

Your family may be eligible for Medi-Cal coverage

- Doctor Visits
- Emergency Care
- Hospital Care
- Immunizations
- Prescription Drugs
- Vision
- Hearing
- Dental

This Program is for qualifying uninsured Children and Adults  
YOU CAN APPLY FOR THIS PROGRAM ANYTIME THROUGHOUT THE YEAR.

By APPOINTMENT ONLY Monday -Thursday

---

For more information or to make a PHONE Appointment To Apply

Please Contact:

---

AMY GOMEZ, C.A.A. /C.U.S.D. Nursing Services  
(559) 327-7988

Email: [amygomez@cusd.com](mailto:amygomez@cusd.com)

---

\*\*DOCUMENTS REQUIRED TO APPLY FOR the Medi-Cal for Families Program:

1. PROOF OF INCOME from JOB, UNEMPLOYMENT, CHILD SUPPORT or OTHER INCOME (within the last 30 days)\*\*Self-employed current 1040's/Schedule C \*\*(or just ask Amy if you're not sure).
2. BIRTH CERTIFICATES/Citizenship Certificates or Permanent Resident Cards.
3. SOCIAL SECURITY CARDS.
4. PROOF OF ADDRESS (current PG&E bill, rental receipt, water bill, and phone or cell bill with your name on it.
5. PROOF of Rent and Utilities.
6. \*If applying for CalFresh(food assistance) - CURRENT Bank Statements and Vehicle Registration.
7. PICTURE I.D. for Adult(s) living in home.\*\*ASSISTANCE WITH MEDI-CAL/FOOD STAMP REINSTATMENTS (renewals) IS ALSO PROVIDED. \*\*Thanks.