

INDIVIDUAL MOVEMENT AND ACTIVITY REPORT (County Medical Services Program Only)

Mail or fax one copy to:
 County Medical Services Program
 Governing Board
 Attention: Data Section
 1451 River Park Drive, Suite 222
 Sacramento, CA 95815
 Fax number: (916) 649-2606

County	Report month
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Intake Activity

	Approvals	Denied (Income)	Denied (Property)	Denied (Other)	Withdrawals	Pending	Total
1. Pending applications on hand at beginning of month.....	1	2	3	4	5	6	7
2. New applications	8	9	10	11	12	13	14
3. Reapplications (3a + 3b + 3c + 3d).....	15	16	17	18	19	20	21
a. Reapplication without break	22	23	24	25	26	27	28
b. Reapplication within two months.....	29	30	31	32	33	34	35
c. Reapplication within three months.....	36	37	38	39	40	41	42
d. Reapplication with more than 3 months and less than 1 year....	43	44	45	46	47	48	49
4. Total applications on hand during the month (1 + 2 + 3).....							50
5. Total applications disposed during the month (5a + 5b + 5c)							51
a. Approvals	52						53
b. Denials (5bi + 5bii + 5biii)							54
i. Over income						55	
ii. Over property					56		
iii. Other				57			
c. Withdrawals						58	
6. Pending applications carried forward to next month.....							59
7. Annual redetermination of eligibility for 8F-only clients.....							61
8. Total disposed and redetermination activity (5 + 7).....							62

Continuing Activity

9. Continuing individuals on hand at beginning of month							63
10. Individuals added during month (10a + 10b).....							64
a. Individuals added from intake (5a).....						65	
b. Other approvals.....						66	
11. Total continuing individuals during month (9 + 10).....							67
12. Total individuals discontinued during month.....							68
a. End of certification period.....							69
b. Linked to Medi-Cal.....							70
i. SSI.....						71	
ii. DDSD.....						72	
iii. Other						73	
c. Client requested—wanted to reapply with budget change.....							74
d. Client requested—other.....							75
e. Other.....							76
13. Continuing individuals carried forward to next month (11–12).....							77

County person to contact regarding this report	Telephone number	Date prepared
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