

## COUNTY MEDICAL SERVICES PROGRAM (CMSP) MEDI-CAL LINKAGE EVALUATION

Applicant name	Date
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To help us determine your eligibility for medical assistance through the County Medical Services Program or the Medi-Cal Program, please answer the following questions:

1. Why are you applying for CMSP? \_\_\_\_\_
  
2. Are you applying for another person? .....  Yes  No  
 If the answer is **yes**, for whom are you applying? \_\_\_\_\_  
 Why is the person unable to apply for him or herself? \_\_\_\_\_  
*Please answer the following questions for the person for whom you are applying.*  
 If the answer to this question is **no**, please answer the following questions for yourself.
  
3. Is applicant a resident of this county? .....  Yes  No  
 If no, which county? \_\_\_\_\_
  
4. Is applicant under 21 or over 65 years of age? .....  Yes  No
  
5. Is applicant currently under the care of a doctor? .....  Yes  No  
 For what problem? \_\_\_\_\_
  
6. Has applicant been hospitalized recently? .....  Yes  No  
 For what problem? \_\_\_\_\_
  
7. Is applicant legally blind? .....  Yes  No
  
8. Is applicant unable to work because of a physical or mental illness, disability, or impairment that is expected to last for longer than one year? .....  Yes  No
  
9. Is applicant receiving state disability benefits? .....  Yes  No
  
10. Is applicant currently receiving, applied for, or planning to apply for Social Security Disability or SSI/SSP benefits? .....  Yes  No
  
11. Does applicant live in a nursing home? .....  Yes  No  
 If yes:  
 Name of nursing home \_\_\_\_\_
  

Address	City	State	ZIP code
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12. If applicant is a refugee, asylee, parolee (Cuban or Haitian only), or victim of trafficking, has applicant lived in the United States for less than 8 months? .....  Yes  No
  
13. Does applicant have a child younger than 21 years of age living in their home? .....  Yes  No  
 If yes, is one of the child's parents:
  - a. Deceased? .....  Yes  No
  - b. Not living in the home? .....  Yes  No
  - c. Unemployed? .....  Yes  No
  - d. Legally blind? .....  Yes  No
  - e. Unable to work because of a physical or mental impairment that is expected to continue for more than one month? .....  Yes  No
  - f. Receiving state disability benefits? .....  Yes  No
  
14. Is applicant pregnant? .....  Yes  No

*If one or more of questions 4 through 11 is checked "yes," review for Medi-Cal eligibility. If not eligible for Medi-Cal, review for County Medical Services Program eligibility.*