

CMSP REAPPLICATION COVER LETTER

Date: _____

Case Name: _____

Case Number: _____

Worker Name: _____

Worker Phone Number: (_____)_____

In order to process your reapplication for County Medical Services Program (CMSP) benefits you need to **complete and return** to our office the following papers that are enclosed:

- **Statement of Facts** – You need to read over the Statement of Facts for your case and make sure that the information listed there is correct.
 - Update or correct the information that is on your Statement of facts. You must **initial** every change that you make in the margin next to the change. After you review the updated Statement of Facts, you must **sign and date** the last page, and **return** it to our office.
 - Attach the most current income verification, such as your most current pay stub, a copy of your most current tax return papers (if self-employed), the most current statement from Veterans Office, etc.
 - Provide current verification of any stocks, bonds, mutual funds, trust deeds and other real property.
 - If you claim any deductions from your income, such as child care costs, health insurance premiums, alimony, self-employment expenses, etc., you need to provide current verifications.
- **Rights, Responsibilities and Other Information (CMSP 219)** – Read and then **sign and date** the last page, and **return the signed last page** to our office.
- **Medi-Cal Linkage Evaluation Form (CMSP 1153)** – Read, **complete and return** to our office.

A self-addressed, stamped envelope is included for you to return the Statement of Facts, CMSP 219 and CMSP 1153 forms with all verifications necessary to the Social Services office. A copy of your Application for CMSP (SAWS1) is also included for your records. You do not need to return the SAWS1 form to us.

You need to complete the above mentioned forms and return them by _____ or your application for CMSP benefits may be denied.

If you have any questions, please contact your worker at the number listed on the top of the form. Thank you.