YOUR APPLICATION INFORMATION

If you were helped with an application, you may fill out the information on this card to help you remember who helped you apply and details of your account.



Who helped you with the application?		
Certified Enrollment Counselor County Medi-Cal Office Eligibility Worker Certified Insurance Agent		
Plan-Based Enroller Service Center Representative		
Certified Representative's Contact Information		
Full Name:	Email:	_
Phone Number: Enroller ID#, if app	licable:	
APPLICATION INFORMATION:		
To check the status of your application you may contact your certifie	d representative or Covered California at 1-800-300-1506.	
Account Username:		
Application ID#:	Case#:	
Remember your account password and account PIN. If you forget you California at 1-800-300-1506.	our account password or PIN please contact Covered	
NOTES:		
Use the space below to write down any additional information about your application.		
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Proof of current income*



CA ID or driver's license of the person who is applying for the family



U.S. passport, legal resident card or certificate of citizenship or naturalization documentation





Birth dates

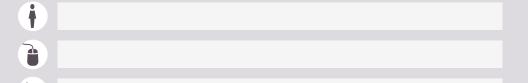


Social Security Numbers**



Home ZIP code

GOT QUESTIONS? WE CAN HELP.





Don't forget to tell a friend "I'm in. You should be too!"

*Proof of current income of all family members applying. (A dependent's income should only be included if their income level requires them to file a tax return.) A family is defined as the person who files taxes as head of household and all the dependents claimed on that person's taxes. If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

**Families that include unlawfully present immigrants can apply. You can apply for your child even if you are not eligible for coverage.





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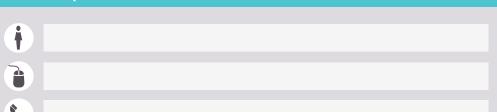


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