Stanislaus County HEALTH SERVICES AGENCY

HEALTHY CUBS
ELIGIBILITY APPLICATION

P.O. Box 3007, Modesto, CA 95353

Healthy Cubs

CLEARLY PRINT ANSWERS TO ALL QUESTIONS.

List only children under age six that require coverage

Guarantor LAST NAME(S), FIRST, MIDDLE	DATE OF BIRTH Mo	Day	Yr	SOCIAL OR MEDI-CAL#	SEX	Are you or this child applying for HCUBS
					M F	Y N
(Child 1 ***UNDER THE AGE OF 6***)					M F	Y N
(Child 2 ***UNDER THE AGE OF 6***)					M F	Y N
(Child 3 ***UNDER THE AGE OF 6***)					M F	Y N

Street Address (do **NOT** use P.O. box)	Apt#	City	Zip	Daytime Phone
Mailing Address (or P.O. box)	Apt#	City	Zip	Evening/Message Phone
Contact Person (If different from Mother) FULL NAME	Contact Number	Relationship to Applicant		(*For official use only UPI*)

How did you hear about this program? ◻ Resource Center Media: ◻ T V ◻ Print

◻ Friend/Family Member ◻ Doctor's Office ◻ Health Fair ◻ Radio ◻ Web

PLEASE CHECK YOUR ETHNIC ORIGIN:

☐ 1-White ☐ 2-Black/African American ☐ 3-Hispanic ☐ 4-Native American/Alaskan Native ☐ 5-Asian/Pacific Islander ☐ 6-Other

	Yes	No
1. Is the applicant pregnant?: If yes, attach Pregnancy verification & EDC: _______________	◻	◻
2. Are these services CONFIDENTIAL?(Under 21 Only) Contact number: _______________	◻	◻
3. On Medi-Cal now?	◻	◻
4. On Healthy Families or OTHER health insurance now? If yes what type______________________	◻	◻

5. Family Size (a pregnant woman counts as 2 people:) _________
6. Gross family income last 2 months (before taxes)$________________ Income source __________________________
7. Language Preference: ◻ English ◻ Spanish ◻ Other

I understand the requirements of the Healthy Cubs Program and agree to comply if I/my child appears to qualify for other programs.

SIGNATURE (of Parent/Guardian or Pregnant Woman/Minor) **PRINT NAME** – (Relationship to Applicant) **DATE**

Employee (PRINT FULL NAME) Phone ***I have reviewed this application for accuracy and attached the required documents.***

For official use only

State ID____CIN#_______________________ Active RML Yes / No

Term date____________________ Term Reason ____________________