HCSS REFERRAL COVER LETTER

Identifying Information	
Today's Date:	Referral Source:
Name: _____, _____, _____. LAST NAME FIRST NAME MIDDLE INITIAL	
Application: ☐ Medi-Cal ☐ CalFresh	
Gender: ☐ Male ☐ Female ☐ Unknown	Date of Birth:
Home address:	Mailing address (if different):
☐ Homeless	Phone:

Applicant Assistor / Enrollment Counselor Contact
Name:_____
Address/Phone:_____

Additional Notes / Special Circumstances

Attachments
☐ ID
☐ income verification
☐ facility admission letter
☐ other (please list)_____
☐ other (please list)_____

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