



West County
Health Centers

Caring for our Communities

a california *health*.center

Appointment Date: _____ Time: _____

- John Seddon
- Isabel Recinos
- Jessica Lopez
- Rosie Traversri

Department of
Health Care Services  Medi-Cal



(707)823-3204

THE MOST IMPORTANT DOCUMENTS NEEDED FOR ALL HOUSEHOLD MEMBERS (Even if members of the household are not applying for benefits).

Covered California applications only required to bring documents 1- 4.

For all other programs (Medi-cal, Calfresh, & MCAP) applications required to bring documents 1-8. Please note, items 9-11 may be requested after initial submission of application.

1. Photo ID
2. Social Security Card (for any U.S. Citizen or national applying for health coverage)
3. Copy of last year's taxes, (accepted until April 15)
4. Proof of Income (Acceptable proof of income is):
 - a) Last two current pay stubs or
 - b) Signed letter from the employers stating your gross monthly income
 - c) Copies of benefit letters of unemployment disability, SSI, Alimony and Child support payments received for any member of the family, if applicable
5. If you are self-employed, we need 3 months of your current profit and loss statements (taxes 1040 and Schedule C)
6. Denial letter from unemployment or social security
7. Proof of the any income deductions (If you pay child care, or Child Support)
8. Proof of Pregnancy, if applicable
9. Vehicle registration for all automobiles. (truck, boats, campers, mobile home and trailers)
10. All current checking and savings account statements (current to last 30 days)
11. All mortgages invoices (house)