NEWBORN REFERRAL
(NOT AN APPLICATION FOR MEDI-CAL)

(PLEASE USE INK AND PRESS FIRMLY.)

The Newborn Referral Form is used to assist a Medi-Cal eligible mom to report the birth of her child(ren) to Medi-Cal. By completing the information on this form, you help the county confirm the eligibility of the newborn. Mail or fax this form to the county. County information is located on the back of this form. Any changes to the household must be reported to the county, so, turn in this information quickly. The mother may also report the birth by phone to her eligibility worker. If you are acting on behalf of the mother and are not a spouse, relative, or guardian, then your signature and identifying information is required in Section C. If entering through Gateway Program enter the BIC number assigned to the infant ***(optional).***

SECTION A *The mother's Medi-Cal card can be used during the birth month and the month following for services and billing for the newborn.*

Mother's name (first, MI, last)		Mother's date of birth	BIC or Medi-Cal ID number or SSN
Mailing address (number and street) or location			County
City	State	ZIP code	Telephone number ( )

SECTION B **Reminder:** *A child born to a mother with restricted benefits is eligible for full-scope benefits.*

Newborn name (first, MI, last)	Date of birth (month/day/year)	Gender ☐ Male ☐ Female	*Optional*—Gateway ID number
Newborn **2** name (first, MI, last)	Date of birth (month/day/year)	Gender ☐ Male ☐ Female	*Optional*—Gateway ID number
Newborn **3** name (first, MI, last)	Date of birth (month/day/year)	Gender ☐ Male ☐ Female	*Optional*—Gateway ID number

Where born (hospital name, clinic name, etc.)

Address (number and street, if available)	City	State	ZIP code

Will baby and mother live in the same household? ☐ Yes ☐ No

If no, has the mother given up rights to the newborn child? ☐ Yes ☐ No

If yes, date child(ren) given up: _____/_____/_____

This form does not start Medi-Cal, CalWORKs, or Food Stamp benefits. If you currently get these benefits, you must contact your eligibility worker to continue getting these benefits.

I hereby authorize release of this information to the County Department of Social Services/county welfare department.

Date of request	Parent/Relative/Guardian (of the infant) signature ⌦

SECTION C *(Fill in this section if form was completed by person other than parent, relative, or guardian.)*

Completed by **(PLEASE PRINT)**	Title
Medi-Cal ID number (If Medi-Cal provider/hospital/clinic/group, etc.)	Telephone number ( )

I certify to the best of my knowledge that the information above is verified and accurate.

Signature (person other than parent, relative, or guardian) ⌦	Date completed

For provider billing inquiries concerning or how to bill for infants, call the EDS Billing Hotline at 1-800-541-5555.

Distribution: *White—County* *Yellow—Hospital/Clinic/Nurse-Midwife/CAA/AR* ☐ *Pink—Parent/Relative/Guardian*

Newborn Referral
County Central Location Phone List

	Department Name	County Number	FAX Number		Department Name	County Number	FAX number
1	Alameda Co Social Services Agency	510-259-3882	510 259-3880	30	Orange Co Social Services Agency		714-435-4625
2	Alpine Co Department of Social Services	530-694-2235	530-694-2252	31	Placer Co Health and Human Services	530-889-7617	530-889-6826
3	Amador Co Department of Social Services	209-223-6621	209-223-6208	32	Plumas Co Department of Social Services	530-283-6350	530-283-6368
4	Butte Co Department of Social Services	None	530-879-3468	33	Riverside Co DPSS/APD Section	909-358-3000	909-358-3990
5	Calaveras Co Work & Human Services Agency	209-754-6447	209-754-6543	34	Sacramento Co Dept of Human Asst/Newborn Referral	916-874-3100	916-854-9225
6	Colusa Co Department of Health & Human Services	530-458-0264	530-458-0492	35	San Benito Co Human Services Agency	831-637-5336	831-637-9754
7	Contra Costa Co Employment & Human Services	None	925-313-1758	36	San Bernardino Co DPSS	909-388-0280	909-383-9714
8	Del Norte Co Dept of Health and Social Services	707-464-3191	707-465-1783	37	San Diego Co DHHS /DSS	858-262-9881	858-514-6760
9	El Dorado Co Department of Social Services	530-642-7159	530-626-9060	38	San Francisco Co Department of Human Services	415-558-1994	415-558-1841
10	Fresno Co Human Services System	None	559-253-9250	39	San Joaquin Co Human Services Agency	209-468-1487	209-468-1985
11	Glenn Co Human Resources Agency	None	530-934-6521	40	San Luis Obispo Co Dept of Social Services	805-781-1600	805-781-1846
12	Humboldt Co Department of Social Services	707-441-2047	707-441-5600	41	San Mateo Co Human Services Agency	650-802-7570	650-595-7576
13	Imperial Co Department of Social Services	760-337-6800	760-370-0492	42	Santa Barbara Co Department of Social Services	805-681-4528	805-737-7098
14	Inyo Co Department of Social Services	760-872-1394	760-872-4950	43	Santa Clara Co Social Services Agency	1-800-753-0024	408-792-1890
15	Kern Co Department of Human Services	661-631-6046	661-631-6631	44	Santa Cruz Co Human Resources Agency	831-454-4316	831-763-8530
16	Kings Co Human Services Agency ext 2270	209-583-3241	559-584-2749	45	Shasta Co Department of Social Services	530-225-5750	530-225-5087
17	Lake Co Department of Social Services	707-995-4201	707-995-4204	46	Sierra Co Social Services	530-993-6720	530-993-6741
18	Lassen Co WORKS	530-251-8346	530-251-8370	47	Siskiyou Co Human Services	530-841-2752	530-841-2790
19	Los Angeles Co M/C Mail-In Application District	213-763-7637	213-763-8666	48	Solano Co Health & Social Services	707-553-5311	707-421-7237
20	Madera Co Department of Social Services	209-675-2403	559-675-7983	49	Sonoma Co Social Services Department	707-527-2715	707-565-5353
21	Marin Co Department of Health and Human Services	415-473-3400	415-473-3556	50	Stanislaus Co Department of Social Services	209-558-4822	209-558-2558
22	Mariposa Co Department of Human Services	209-966-3609	209-966-5943	51	Sutter Co Department of Human Services	530-822-7230	530-822-7212
23	Mendocino Co Department of Social Services	707-463-7760	707-463-5404	52	Tehema Co Department of Social Services	530-528-4081	530-527-5410
24	Merced Co Human Services Agency	209-385-3000	209-725-3583	53	Trinity Co Health and Human Services Dept	530-623-8236	530-623-1250
25	Modoc Co Department of Social Services	530-233-6501	530-233-6504	54	Tulare Co Department of Public Social Services	559-685-4825	559-685-2529
26	Mono Co Department of Social Services	760-932-7291	760-924-5431	55	Tuolumne Co Department of Social Services	209-533-5711	209-533-5714
27	Monterey Co Department of Social Services	805-755-4662	831-755-8408	56	Ventura Co Public Social Services Agency	805-652-7618	805-652-7845
28	Napa Co Health and Human Services	707-253-4697	707-253-4693	57	Yolo Co Department of Employment & Social Services	530-661-2750	530-661-2658
29	Nevada Co Adult and Family Services	530-265-7101	530-265-7062	58	Yuba Co Department of Social Services	530-749-6311	530-749-6281