

Provider Name	Provider Telephone Number
Provider Address	
Patient Name	
Patient Address	
Date	

***EXPLANATION OF INELIGIBILITY FOR THE  
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN PROGRAM***

This is to advise you that based on the information you provided, you are not eligible for the Presumptive Eligibility for Pregnant Women program because of the reason checked below:

- Your total family income is more than 213 percent of the Federal Poverty Level for your family size.
- You are not pregnant.

Signature	
Name of person completing determination	Title

**NOTICE:**

You may be eligible for the regular Medi-Cal program or other county medical programs. You may apply in person at the social services agency in your county, by telephone at 1-800-880-5305 or online at <http://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>.