purpose of the original request is fulfilled.

MEDI-CAL REQUIRED INFORMING MATERIALS BENEFICIARY ACKNOWLEDGMENT OF RECEIPT

Consistent with regulatory requirements stated in the Code of Federal Regulations §438.10 and the California Code of Regulations §1810.360(e) "The MHP of the beneficiary shall provide its beneficiaries with a booklet and provider list upon request and when a beneficiary first receives a specialty mental health service from the MHP or its contract providers."

				Health Services)			
		elect one of the following: Beneficiary was offered the Guide to Medi-Cal Mental Health Services upon first receiving services □ Accepted □ Declined					
[☐ Beneficiary received the Guide to Medi-Cal Mental Health Services upon request						
Provided in the following language(s)/alternative format(s):							
((Check a	all that apply)					
[Arabic		Arabic (large print)		Arabic (CD)	
[Armenian		Armenian (large print)		Armenian (CD)	
[Cambodian		Cambodian (large print)		Cambodian (CD)	
[Chinese (Simplified)		Chinese (Simplified large print)		Chinese Simplified (CD)	
[Chinese (Traditional)		Chinese (Traditional large print)		Chinese Traditional (CD)	
[English		English (large print)		English (CD)	
[Farsi		Farsi (large print)		Farsi (CD)	
[Korean		Korean (large print)		Korean (CD)	
[Russian		Russian (large print)		Russian (CD)	
[Spanish		Spanish (large print)		Spanish (CD)	
[Tagalog		Tagalog (large print)		Tagalog (CD)	
[Vietnamese		Vietnamese (large print)		Vietnamese (CD)	
 □ Beneficiary was offered the Mental Health Plan Provider List upon first receiving services □ Beneficiary received the Mental Health Plan Provider List upon request The Provider List options include Service Area Network Providers, Directly-Operated and Contracted Providers 							
.		eficiary received the Mental Health	Plan Provi	der List upon request		·	
_		eficiary received the Mental Health	Plan Provi	der List upon request		·	
_	The Pro	eficiary received the Mental Health	Plan Provi	der List upon request		·	
	The Pro	eficiary received the Mental Health vider List options include Servic	Plan Provi	der List upon request twork Providers, Directly-Operate	d and Co	·	
	The Pro Signatur	eficiary received the Mental Health vider List options include Service e of Client*	Plan Provi	der List upon request twork Providers, Directly-Operate Date	d and Co	ontracted Providers	
- ()	Signatur Signatur Signatur * A mino ** Respo	eficiary received the Mental Health vider List options include Service e of Client* e of Responsible Adult** e of Staff *** r client receiving services under his onsible Adult = Guardian, Conserva ss/Interpreter = Person who either	s/her own sator, or Pare	der List upon request twork Providers, Directly-Operate Date	Relation sent of More staff of	inship to Client linor form on file in the clinical record. or other person) or the person who	
i	Signatur Signatur Signatur * A mino ** Respo	eficiary received the Mental Health vider List options include Service e of Client* e of Responsible Adult** e of Staff *** r client receiving services under his onsible Adult = Guardian, Conservated this form into another language ential information is provided to you in accord	s/her own sator, or Parer witnesse for the clie	Date Date	Relation sent of More staff of	inship to Client linor form on file in the clinical record. or other person) or the person who	
i Tr	Signatur Signatur Signatur * A mino ** Respo ***Witne interpret	eficiary received the Mental Health vider List options include Service e of Client* e of Responsible Adult** e of Staff *** r client receiving services under his onsible Adult = Guardian, Conservated this form into another language	s/her own sator, or Parer witnesse for the clie	Date Date Date Date Date Date Date Date Name:	Relation sent of More staff of	inship to Client linor form on file in the clinical record. or other person) or the person who interpreted).	

Los Angeles County - Department of Mental Health