

Check only one box

- ☐ New Application
- ☐ Renewal – Declaring changes
- ☐ Renewal – Declaring no changes
- ☐ Re-add (Reenrollment)

Medical Home: _____

PID #: _____

Application #: _____

TEMPORARY MHLA ENROLLMENT/RENEWAL FORM VIA TELEPHONE ONLY**This form must be uploaded into OEA for the application to be processed.****Failure to upload will result in application being denied.****Section 1: All Participants /Applicants**

Temporary Telephone Enrollment/Renewal form must be completed by an authorized Enroller. Enroller must ensure all applications are done accurately and all necessary documents are submitted in a timely manner.

Use ink and print the answers below:

Primary Informant / Applicant/ Participant Full Name				
Last	First	Middle	DOB	Gender (F/M/O)
Social Security Number – TIN if Applicable			Mother's Maiden Name	
<input type="checkbox"/> Check here if applicant's name has legally changed. If the name has legally changed, please attach verification.				
Current Street Address			City/State	Zip Code
Number	Street Name	Apt./Unit Number		
Mailing Address (if different from above)			City/State	Zip Code
Number	Street Name	Apt./Unit Number		
Does applicant/participant have active Medi-Cal?			Applicant/Participant CIN #, If applicable:	

Enroller must ensure that all demographic information is captured and enter into the One-e-App application system (such as place of birth, gender and mother's maiden name, household members' information and spouse's CIN #, etc.)

Section 2: New Enrollment/Re-Enrollment/ Renewals

For New Enrollment/Re-Enrollment with Restricted Medi-Cal: Enroller must complete the application in OEA and input all relevant information. Enroller also must upload Restricted Medi-Cal verification (screenshot of active eligibility). That will serve as the verification of eligibility for MHLA. Enroller can then submit the application. No other documentation is needed.

For New Enrollment/Re-Enrollment with no Restricted Medi-Cal: Enroller must complete the application in OEA and input all relevant information. Applicants must provide all required documents, including proof of identity, residency and income (or how needs are being met). Enroller can then submit the application. Applicants have 30 days to provide documentation by email, phone, fax, mail or in person.

For Renewals: Has there been a change in circumstances since participant's last application (household composition, income, residency and/or identity)?

☐ **Yes** If yes, enroller must input new information into OEA and verify its accuracy. Examples: household members moving out or a change in income. Participants must provide all required documents, including proof of identity, residency and income (or how needs are being met). Enroller can then submit the renewal. Participant has 30 days to provide documentation by email, phone, fax, mail or in person.

☐ **No** If no, enroller is not required to make any changes in OEA. Enroller can submit the renewal. Participant is not required to provide any new documentation. Existing documentation will be used to process the renewal.

Section 3: Declaration and Signature

Enroller completing this form must read and explain Rights and Declarations to the applicant.

I will be signing on your behalf. At the end of this statement, please tell me if you agree with this statement.

You declare under penalty of perjury under the laws of California that you (MHLA applicant/participant) is not covered by full scope Medi-Cal or any other programs. You certify under penalty of perjury that the information that has been provided is true and complete to the best of your knowledge and belief. The facts you provide will be reviewed by MHLA auditors and verified by other programs or agencies. If this electronic information would cause us to deny your re-enrollment, you will have the chance to show that the electronic facts are wrong. You certify that during the next year, if family size or income changes, you promise to immediately report that fact to the medical home.

Do you agree? _____ (**Enroller checks here after applicant/participant says yes**)

Applicant's Name		Date
Daytime Telephone Number:	Evening (Home) Telephone Number:	Cell Number:
Signature of Authorized Representative from Enroller attesting in behalf of the applicant/participant.		

Enroller's signature is a requirement of the MHLA temporary enrollment/renewal telephone application process.

Verification and Documentation:

____ Applicant/Participant is not required to provide documentation/verification.

____ Applicant/Participant is required to provide supporting documentation/verification within 30 days.

If yes, which documents are needed for verification? Advise the applicant/participant that the application may be denied if the documents are not provided.