**MY HEALTH LA**

Clinic Logo

**APPOINTMENT TO RENEW**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appointment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What to Bring – Required for Applying:**

* **Picture I.D (**such as a California DMV issued ID, Consular ID, or other government issue ID.)
* **Proof of house hold Income** (such as pay stubs or statement of income from your employer within 45 days.)
* **Proof of Los Angeles County** (such as a rental agreement or utility bill within 60 days.)

**Please bring all originals & most recent documents!**

**Location:** <Clinic Address 1>

 <Clinic Address 2>

If you have questions or need to change/cancel your appointment, please call us <Clinic Phone Number>.

***To continue with My Health LA (MHLA), you must re-apply before the last day of your coverage.***

***Your MHLA will end on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_unless you renew***

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