

Continuous Eligibility for Children (CEC) Application Form

Applicant Identification

- **Submission Date:** 05/18/2025
- **Head of Household Name:** Samuel Turner
- **Address:** 3654 Maple Ave, Riverside, CA 92507
- **Phone Number:** (951) 555-7788
- **Email:** sam.turner@example.com
- **Medi-Cal Case Number:** M667788990

Household Composition

- **Total Household Members:** 2 (1 adult, 1 child)
- **Adult:** Samuel Turner
- **Child:** Marcus Turner (19)

Current Medi-Cal Coverage

- **Children Coverage:** MAGI Medi-Cal (Aid Code P5), No Share of Cost
- **Determination Date:** 04/15/2025
- **Annual Redetermination Date:** 04/30/2026

Adverse Change Report

- **Reported On:** 05/15/2025
- **Change:** Child turned 19 prior to CEC period start

Eligibility Determination

- Under age 19: No
- Not receiving minor consent services: Yes
- Eligible for no-SOC Medi-Cal prior to change: Yes
- CEC Granted: No

CEC Period: N/A

Signature & Notification

- **Applicant Signature:** _____ **Date:** 05/17/2025
 - **County Worker Name:** _____ **Date:** 05/17/2025
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