

# Continuous Eligibility for Children (CEC) Application Form

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## Applicant Identification

- **Submission Date:** 05/15/2025
  - **Head of Household Name:** Kevin Young
  - **Address:** 123 Oak St, Fresno, CA 93702
  - **Phone Number:** (559) 555-3344
  - **Email:** kevin.young@example.com
  - **Medi-Cal Case Number:** M334455667
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## Household Composition

- **Total Household Members:** 3 (2 adults, 1 child)
  - **Adults:** Kevin Young, Emma Young
  - **Children:** Sophie (17)
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## Current Medi-Cal Coverage

- **Children Coverage:** Pickle Program (Aid Code P8), No Share of Cost
- **Determination Date:** 02/15/2025
- **Annual Redetermination Date:** 02/28/2026

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### Adverse Change Report

- **Reported On:** 05/13/2025
- **Change:** Household income rose above Pickle limit Covered CA premium eligibility

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### Eligibility Determination

- Under age 19: Yes
- Not receiving minor consent services: Yes
- Eligible for no-SOC Medi-Cal prior to change: Yes
- CEC Granted: (Aid Code 7J) Yes

### CEC Period:

- Begin: 03/01/2025 *End:* 02/28/2026

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### Signature & Notification

- **Applicant Signature:** \_\_\_\_\_ **Date:** //
  - **County Worker Name:** \_\_\_\_\_ **Date:** //
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