

Continuous Eligibility for Children (CEC) Application Form

Applicant Identification

- **Submission Date:** 05/13/2025
- **Head of Household Name:** Javier Ramirez
- **Address:** 456 Maple Ave, Sacramento, CA 95814
- **Phone Number:** (916) 555-4321
- **Email:** javier.ramirez@example.com
- **Medi-Cal Case Number:** M012345678

Household Composition

- **Total Household Members:** 2 (2 adults, 2 children)
- **Adults:** Javier Ramirez, Sofia Ramirez
- **Children:** Carlos (8), Elena (15)

Current Medi-Cal Coverage

- **Children Coverage:** MAGI Medi-Cal (Aid Code P5), No Share of Cost
- **Determination Date:** 04/01/2025
- **Annual Redetermination Date:** 04/30/2026

Adverse Change Report

- **Reported On:** 05/10/2025
- **Change:** Income rose above 266% FPL → Covered CA premium eligibility

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: 05/01/2025 *End:* 04/30/2026

Signature & Notification

- **Applicant Signature:** _____ **Date:** //
 - **County Worker Name:** _____ **Date:** //
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