

Programs of All-Inclusive Care for the Elderly (PACE) Application Form

Applicant Identification

- **Submission Date:** 05/18/2025
- **Applicant Name:** Charles Young
- **Date of Birth:** 12/29/1958 (Age: 66)
- **Address:** 300 Cypress Hill Rd, Hayward, CA 94541
- **Phone Number:** (510) 555-8890
- **Medi-Cal Case Number:** 4567891234
- **Medicare Number:** 3CD9-EF0-PL88

Eligibility Checks

- **Age (55+):** Yes ☒
- **Lives in PACE Service Area:** Yes ☒ (Hayward in Alameda County)
- **Eligible for Nursing Home Level of Care:** No ☐ (No physician or clinical justification provided)
- **Able to Live Safely in Community:** Yes ☒ (Lives with adult children)

Medi-Cal Aid Code (MAGI): Yes ☒

Dual Eligible (Medicare & Medi-Cal): Yes ☒

Spousal Impoverishment

- **Spouse Name:** Not Applicable (widowed)
- **Spouse Community Residence:** N/A

- **MFBU Status:** N/A
- **Resource Transfer:** N/A

Consent & Signature

I request review for PACE services and affirm that all information shared is accurate.

- **Applicant Signature:** _____ **Date:** //____
- **Staff Signature:** _____ **Date:** //____