

# Continuous Eligibility for Children (CEC) Application Form

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## Applicant Identification

- **Submission Date:** 05/14/2025
- **Head of Household Name:** Maria Lopez
- **Address:** 789 Spruce Dr, San Jose, CA 95112
- **Phone Number:** (408) 555-2468
- **Email:** maria.lopez@example.com
- **Medi-Cal Case Number:** M223344556

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## Household Composition

- **Total Household Members:** 2 (1 adult, 1 child)
- **Adult:** Maria Lopez
- **Children:** Diego (10)

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## Current Medi-Cal Coverage

- **Children Coverage:** SSI/SSP (Aid Code S1), No Share of Cost
- **Determination Date:** 03/20/2025
- **Annual Redetermination Date:** 03/31/2026

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### Adverse Change Report

- **Reported On:** 05/12/2025
- **Change:** Parent obtained OTLICP coverage (premium and non-premium code)

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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: 04/01/2025 *End:* 03/31/2026

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### Signature & Notification

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