



**CaliforniaKids** is a charitable, non-profit organization that provides uninsured children access to comprehensive preventive and primary health care services. CaliforniaKids is supported by contributions from businesses, foundations, and individuals.

**Who is eligible for the program?**

To qualify for the CaliforniaKids program a child must be:

- 2 through age 18
- If school age, be enrolled and attending school

**How much will it cost?**

The monthly premium is \$49 per child.

**What Health Care Services are covered?**

The CaliforniaKids program provides access to affordable basic preventive and primary health care services designed to meet the typical needs of children. A minimal co-payment is required for office visits, prescription drugs, preventive dental, and behavior health services.

**The CaliforniaKids benefits package includes:**

- Preventive care, to include routine physical examinations and immunizations
- Office visits when a child is sick or injured
- X-ray and laboratory tests
- Outpatient emergency care
- Outpatient, same-day surgery
- Prescription drugs
- Preventive dental
- Behavioral health services

You will select your child's primary care physician from the CaliforniaKids Healthcare Provider Directory. Your child's primary care physician will be responsible for all of their medical health care needs, including authorizations for emergency care or referrals to a specialist. All medical services must be obtained through or delivered by a participating CaliforniaKids health care physician.

**IMPORTANT**

**If your child has a chronic medical need or will require specialty or inpatient care, CaliforniaKids is not the program for your child.**

**The CaliforniaKids program does not cover inpatient hospital or surgical care.**

**How to Complete the Application Form?**

If you are interested in coverage for your child(ren), please complete all sections of the CaliforniaKids application. Your application form will not be processed unless it is complete and legible.

**Section 1**

- List all eligible children in your family. Print clearly, last name, then first name.
- List each child's correct age followed by its date of birth and Social Security number. If your child(ren) does not have a Social Security number, please leave blank.
- If your child is enrolled in school, fill in the name of the school in the space provided.
- Please select a Medical Group or IPA physician from the CaliforniaKids Healthcare Provider Directory and indicate by placing the Medical Group (3-digit code) or IPA physician (6-digit code) in the box provided. You must live within 30 miles of the selected group.

**Section 2**

- Please indicate if your child is enrolled in Medi-Cal or the Healthy Families program. (If your child has emergency Medi-Cal only, please indicate).

**Section 3**

- For each parent or legal guardian living in the household:
- Please fill in your last name and first name, and indicate your marital status.
  - Please clearly print your current address and your home and work telephone numbers. (If you live in an apartment, please include the number).
  - Please complete the employer information requested.

**Section 4**

- Optional

**Section 5**

- Please read the authorization section and sign and date at the bottom of the application form. All information provided is confidential and will be held in strictly used solely to determine eligibility for the CaliforniaKids program.

**Cost per Child**

The monthly cost is \$49 per child. CaliforniaKids requires that you pay the first and second month of medical coverage in advance and a one-time application processing fee of \$10.

Please see the table below for premium payment amount to be included with your application:

Number of children	Two-months premium	Application processing fee	Total Amount
1	\$98	\$10	\$108
2	\$196	\$10	\$206
3	\$294	\$10	\$304
4	\$392	\$10	\$402

You will be billed \$49 dollars per child each month thereafter.

A pre-addressed return envelope is included for your convenience. For questions about the program or assistance in completing the application form, please call a customer service representative at (818) 755-9700.

Completed application forms will be processed in the order in which they are received. Completing the application form does not constitute coverage. Your child can only receive health care services under the CaliforniaKids program when your child(ren) receives their Identification Card. Please call (818) 755-9700 to verify the effective date of coverage.

**Duration of Coverage**

Once enrolled, each child will be covered in the CaliforniaKids Program unless:

- The child turns 19 years of age
- Failure to pay the monthly premium
- If the program is cancelled

## CaliforniaKids Checklist

- ✓ A money order, cashiers check or personal check payable to CaliforniaKids Healthcare Foundation for the correct premium payment amount (Please refer to the table below for premium payment amounts)

Number of children	Two-months premium	Application Processing fee	Total Amount
1	\$98	\$10	\$108
2	\$196	\$10	\$206
3	\$294	\$10	\$304
4	\$392	\$10	\$402

Your payment covers the first two months of medical coverage. You will be billed \$49 dollars per child each month thereafter)

- ✓ Selection of a participating health care provider for your child(ren)
- ✓ Correct postage

**If any of the above items are incomplete or not enclosed, your application form will not be processed.**

**If a child has a chronic medical need or will require specialty or inpatient care, CaliforniaKids is not the program for that child.**

**The CaliforniaKids Program does not cover inpatient hospital or surgical care.**

If your child(ren) are eligible and approved, a CaliforniaKids identification card and information package will be mailed.

If your child(ren) is not eligible, CaliforniaKids will return your application along with your premium payment.

Our mailing address is: **CaliforniaKids Healthcare Foundation  
PO Box 680  
North Hollywood, CA 91603**