I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am currently enrolled as a person served at

(Person Served Printed Name)

the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ program since the date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Program Name) (Admission Date)

I have been advised regarding the County of Fresno Member Handbook – Drug Medi-Cal Organized

Delivery System.

Please identify how you would like to be provided a copy of the Handbook:

Receive in-person at Provider site

Website: <https://www.co.fresno.ca.us/departments/behavioral-health/managed-care>

Request a copy be sent to me in the following format and method:

Standard print format in  English  Spanish  Hmong

Large print format in  English  Spanish  Hmong

Mail; Person Served Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: Person Served E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I decline a printed copy of the Handbook

|  |  |  |
| --- | --- | --- |
| **Person Served Name Printed:** | **Person Served Signature:** | **Date:** |
| **Parent/Guardian Name Printed (Optional):** | **Parent/Guardian Signature (Optional):** | **Date:** |
| **Program Staff Name Printed:** | **Program Staff Signature:** | **Date:** |