

**COUNTY MEDICAL SERVICES PROGRAM  
NOTICE OF ACTION  
DENIAL/DISCONTINUANCE  
OF BENEFITS**

\_\_\_\_\_  
\_\_\_\_\_  
(County Stamp)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case number: \_\_\_\_\_  
District: \_\_\_\_\_  
Denial/discontinuance for: \_\_\_\_\_  
\_\_\_\_\_  
(Names)

We have reviewed all information available to us about your circumstances, and we find that:

- Your application for CMSP dated \_\_\_\_\_ has been denied.  
(Month) (Day) (Year)
- Your eligibility to receive CMSP will be discontinued effective the last day of \_\_\_\_\_.  
(Month)

The reason for this denial/discontinuance is:

Do not throw your plastic ID card away. You can use it again if you become eligible for CMSP or Medi-Cal. The authority that requires this action is in CMSP All County Letter No. 04-07 and/or CMSP Eligibility Manual sections 3-019, 3-029, 3-031.

**If you have any questions about this action, or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you in person. Please remember that this action pertains only to the circumstances you reported to us and that you may reapply at any time.**

\_\_\_\_\_  
Eligibility Worker Telephone number Date