CMSP

COUNTY MEDICAL
SERVICES PROGRAM

Record of Denied Program Eligibility

If your application for ADAP, Family PACT, GHPP, or other state program has been denied because you did not meet the program eligibility requirements and you were not given a document verifying this denial, please complete this form. ***All sections of this form must be filled out completely including the name and phone number of the person who can verify the program denial.***

FAX the completed form to: **1-916-848-3349**. Your eligibility worker, medical provider or pharmacy may be able to help you fax this form.

CMSP Member Name:	CMSP Client ID Number (CIN):
Address:	Date of Birth:
	Phone Number: ( ) -

Program Applied For (check appropriate program):

- ☐ Breast and Cervical Cancer Treatment Program (BCCTP)
- ☐ California AIDS Drugs Assistance Program (ADAP)
- ☐ California Family Planning, Access, Care and Treatment Program (Family PACT)
- ☐ Genetically Handicapped Persons Program (GHPP)
- ☐ Patient Assistance Program for Hep-C Medication
- ☐ Covered California

Date of Application Denial	

Authorized ADAP, Family PACT, GHPP, or other state or other program Representative who can be contacted to verify denial:
(This section must be completed or the form will not be accepted.)

Representative Name_____

Representative Title_____

Representative Phone_____

If you have questions regarding completion of this form, call 1-916-649-2631, option 3.

Revised: 05/17