

La Casa Adult Day Health Center, Inc.
909 Blanco Circle, Suite B
Salinas, CA 93901
Tel: 831-998-8130 | Fax: 831-676-0189

Complete 7-page Application (Original MST Application only, No copy or faxed form will be accepted) and the following checked documents are required from Medi-Cal prior to patient enrollment into our program:

- Tuberculosis Exam Results (**Current or within Last Twelve Months**)
- Current Updated Medication** List (**Dosage & Frequency MUST be included**)
- Patient Diagnosis (**include corresponding ICD-10 Codes**)
- ONLY Current** History & Physical Progress Note
- Identification Card
- Social Security Card (**If Applicable**)
- Medi-Cal / Central California Alliance for Health (CCAH) Card
- IHSS Document Stating Designated Caregiver and Hours Approved (**If Applicable**)
- Power of Attorney | Advance Health Care Directive | Do Not Resuscitate (DNR) Form

Please Note: Application will not be accepted without the above documentation