

## Sample Gift Letter

Today's Date: \_\_\_\_\_

Medi-Cal Access Program  
P.O. Box 15559  
Sacramento, CA 95852-0559

Dear Medi-Cal Access Program,

I, \_\_\_\_\_, give \_\_\_\_\_  
(person **giving** the gift income) (person **receiving** the gift income)

\$ \_\_\_\_\_ per \_\_\_\_\_ as a gift.  
(amount given) (how often gift is given [weekly, every 2 weeks, twice month, monthly])

Sincerely,

\_\_\_\_\_  
Signature of person giving the gift income

*To be filled out by person applying for Medi-Cal Access Program:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

FMN# (If you have it): \_\_\_\_\_