**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):*

MCAP Gift Income Letter EN 01/30/2015