



FRESNO COUNTY SUD DMC-ODS MEMBER HANDBOOK ACKNOWLEDGEMENT FORM

I _____, am currently enrolled as a beneficiary at
(Beneficiary Printed Name)

the _____ program since the date of _____.
(Program Name) (Admission Date)

I have been advised regarding the County of Fresno Member Handbook – Drug Medi-Cal Organized Delivery System.

Please identify how you would like to be provided a copy of the Handbook:

- Receive in-person at Provider site
- Website: <https://www.co.fresno.ca.us/departments/behavioral-health/managed-care>
- Request a copy be sent to me in the following format and method:

Standard print format in English Spanish Hmong

Large print format in English Spanish Hmong

Mail: Beneficiary Address: _____

E-Mail: Beneficiary E-Mail Address: _____

I decline a printed copy of the Handbook

Beneficiary Name Printed:	Beneficiary Signature:	Date:
Parent/Guardian Name Printed (Optional):	Parent/Guardian Signature (Optional):	Date:
Program Staff Name Printed:	Program Staff Signature:	Date: