

PETITION TO STOP THE MEDI-CAL ADULT DAY HEALTH CARE CUTS

WHEREAS, THE GOVERNOR OF THE STATE OF CALIFORNIA AND THE LEGISLATURE APPROVED AN UNPRECEDENTED 10% CUT IN THE RATES PAID TO ADHC PROVIDERS EFFECTIVE JULY 1, 2008, AND

WHEREAS, SCORES OF ADULT DAY HEALTH CARE CENTERS WILL CLOSE, CAUSING THE STATE TO LOSE RELATED INCOME AND SALES TAX, AND

WHEREAS, SENIORS WITHOUT ADULT DAY HEALTH CARE, WHO GO TO A NURSING HOME, WILL CAUSE THE STATE TO PAY FOUR TIMES MORE FOR THAT CARE THAN FOR ADULT DAY HEALTH CARE, AND

WHEREAS, SENIORS WHO CANNOT RELY ON ADULT DAY HEALTH CARE WILL END UP IN EMERGENCY ROOMS; COSTING THE STATE SUBSTANTIALLY MORE FOR EMERGENCY CARE THAN FOR ADULT DAY HEALTH CARE,

THEREFORE, THE 10% PROVIDER RATE CUT WILL COST THE STATE FAR MORE THAN IT WILL SAVE.

WE, THE UNDERSIGNED, PETITION THE GOVERNOR AND LEGISLATURE TO REVERSE THE 10% MEDI-CAL ADHC PROVIDER RATE CUT IMMEDIATELY, BEFORE IT CAUSES IRREPARABLE HARM TO FRAIL SENIOR CITIZENS AND THE BUDGET OF THE STATE OF CALIFORNIA.

Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip

PETITION TO STOP 10% ADHC PROVIDER RATE CUT

Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip

PETITION TO STOP 10% ADHC PROVIDER RATE CUT

Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip
Print Name		Address		
Signature	Date	City	State	Zip