

GENERAL INFORMATION SYSTEM

08/24/04

DIVISION: Office of Medicaid Management

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TO: Local District Commissioners, Medicaid Directors, Temporary Assistance Directors, and CNS Coordinators

FROM: Betty Rice, Director, Division of Consumer and Local District Relations

SUBJECT: Family Planning Benefit Program (FPBP) Documents

EFFECTIVE DATE: Immediately

CONTACT PERSON: Bureau of Local District Support
Upstate (518) 474-8216 NYC (212) 268-6855

Administrative Directive 02 OMM/ADM-7 informed local social services districts of the Family Planning Benefit Program (FPBP) and provided information necessary to implement the program. Attached to the directive were documents required to administer the program. Local districts were instructed to make copies of these documents until a supply was printed and distributed by the State Department of Health.

The following documents have been printed:

DOH-4282	Application Family Planning Benefit Program
DOH-4282-S	Application Family Planning Benefit Program - Spanish
DOH-4283	Notice of Decision on Your Family Planning Application (Acceptance)
DOH-4283-S	Notice of Decision on Your Family Planning Application (Acceptance) - Spanish
DOH-4284	Applicant Release Agreement - English/Spanish
DOH-4285	Family Planning Benefit Program Declaration of Age for Minors - English/Spanish
DOH-4286	Instructions Family Planning Benefit Program Application
DOH-4286-S	Instructions Family Planning Benefit Program Application - Spanish
DOH-4289	Notice of Decision on Your Medical Assistance Application (Family Planning Acceptance)
DOH-4289-S	Notice of Decision on Your Medical Assistance Application (Family Planning Acceptance) - Spanish
DOH-4290	Notice of Decision on Your Medical Assistance Application Medicaid/Family Health Plus Denial/Family Planning Benefit Program Declination
DOH-4290-S	Notice of Decision on Your Medical Assistance Application Medicaid/Family Health Plus Denial/Family Planning Benefit Program Declination - Spanish

An initial supply of the English version of each form was shipped to each local district in May, 2004. These forms were not shipped to New York City. Local equivalents have been approved for New York City's use.

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Requests for additional copies and requests for the forms in Spanish may be faxed to Michael Margiasso at (518) 486-1432. Your request should include the following:

- Number and title of form
- How many of each form
- Address where the forms are to be sent
- Name and phone number of a contact person at the local district

Any questions concerning the content of the documents should be directed to your local district support liaison at (518) 474-8216 for upstate districts.