

CONSUMER REQUEST TO CHANGE INFORMATION ON FILE



MAP-751k (E) 11/13/2012

Case Name: _____ Case Number: _____

CHANGE REQUESTS REQUIRING DOCUMENTATION

- Name:** → from _____ to _____

- Date of Birth:** for _____ from _____ to _____

- Gender Information:** for _____ from _____ to _____

- Change Social Security Number:** for _____ from _____ to _____

- Immigration Status:** for _____ from _____ to _____

- Notification of Death:** for _____ date of death _____

- Coverage Type (RVI) Upgrade:** for _____ from _____ to _____

Community Based Long-Term Care coverage, which includes coverage for home care and waiver services, requires resource documentation for the current month **only**. Coverage for nursing home services requires resource documentation for the past **60** months **and** an immediate need for the services.

NOTE: You must provide identification to prove that you are either an adult household member on the case or have authorization to request changes on their behalf, along with documents to support the change you are requesting.

Signature of Consumer: _____ Date: _____

CHANGE REQUESTS NOT REQUIRING DOCUMENTATION

- Change of Residency Address:** from _____ to _____
 - Within New York City
 - Within New York State
 - Outside of New York State

- Change of Mailing Address:** from _____ to _____

- Add/Change of Secondary Mailing Address:** from _____ to _____

- Add Social Security Number (SSN):** for _____ her/his SSN is _____

- Add/Change of Phone Number:** from _____ to _____

- Remove the Following Person From Medicaid Case:**

- Combine Medicaid Case** current number _____ with _____

- Close Medicaid Case** _____

Signature of Consumer: _____ Date: _____

ASK MEDICAL ASSISTANCE PROGRAM STAFF TO ADVISE YOU IF DOCUMENTATION IS REQUIRED:

Other: (Specify) _____

Signature of Consumer: _____ Date: _____

TO BE COMPLETED BY MEDICAL ASSISTANCE PROGRAM STAFF [Check box(es) that apply]

The documents checked below were provided by the consumer and the requested change(s) were made to her/his case file.

- Birth/Death Certificate SSA Award Letter Driver's License Bank/Financial Statements None Required
- Passport SS Card Court Document Other (specify) _____

Signature of MAP Staff: _____ Date: _____