


MEDICAL ASSISTANCE PROGRAM  
MA SEPARATE DETERMINATION CENTRAL  
340A WEST 34TH STREET, GROUND FLOOR  
NEW YORK, NY 10001

NOTICE OF RECERTIFICATION FOR  
MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS  
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO  
CON SU TRABAJADOR(A).

PROGRAM CODE = 070

NOTICE NUMBER:		DATE: July 10, 2009		CASE NUMBER:	
OFFICE 565	UNIT	WORKER	UNIT OR WORKER NAME MA SEPARATE DETERMINATION		TELEPHONE NO. 888-692-6116
<b>AGENCY TELEPHONE NUMBERS</b> GENERAL TELEPHONE NO. 877-472-8411 FOR QUESTIONS OR HELP ----- OR Agency Conference N/A ----- Fair Hearing information and assistance N/A ----- Record Access 718-921-2006 ----- Child/Teen Health Plan 888-692-8662 -----			<b>CASE NAME / AND ADDRESS</b>  		

**MEDICAL ASSISTANCE**

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 \*  
 \* Even though you are no longer eligible for Medical Assistance, some members \*  
 \* of your case may be eligible for continuation/extension of their Medical \*  
 \* Assistance coverage. Please read this entire notice. \*  
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In order to determine continued eligibility for Medical Assistance for the following person(s), please answer all questions appearing in this notice. All pages of this notice must be returned by August 10, 2009. It should be sent to the following address:

MEDICAL ASSISTANCE PROGRAM CENTER  
MA SEPARATE DETERMINATION CENTRAL  
340A WEST 34TH STREET, GROUND FLOOR  
NEW YORK NY 10001

Name

Client I.D.

IF YOU OR YOUR REPRESENTATIVE FAIL TO COMPLETE AND RETURN THIS NOTICE TO THE ADDRESS SPECIFIED ABOVE, WE WILL CLOSE THE MEDICAL ASSISTANCE CASE FOR THE PERSON(S) LISTED ABOVE. THIS IS BECAUSE THE INFORMATION REQUESTED ON THIS NOTICE IS REQUIRED TO RECERTIFY THAT THE PERSON(S) IS/ARE ELIGIBLE FOR CONTINUING MEDICAL ASSISTANCE.

If you or your representative needs assistance in completing this notice, call the HRA HealthStat Phone Line at (888) 692-6116.

If you are in receipt of Supplemental Security Income (SSI) Benefits, you do not have to return this notice. You will continue to receive Medical Assistance as