

Important

Notice Options Available to Applicants Who May Be Blind or Visually Impaired

If you are blind or visually impaired and require information in an alternative format, check the type of mail you want to receive from us. Please return this form with your application.

- Standard notice and large print notice
- Standard notice and data CD notice
- Standard notice and audio CD notice
- Standard notice and braille notice, if you assert that none of the other alternative formats will be equally effective for you

If you require another accommodation, please contact your social services district.

APPLICATIONS FOR BENEFITS ADMINISTERED BY THE NEW YORK STATE MEDICAID PROGRAM (INCLUDING THE MEDICARE SAVINGS PROGRAM AND THE FAMILY PLANNING BENEFIT PROGRAM) ARE AVAILABLE IN LARGE PRINT AND DATA FORMATS. AUDIO AND BRAILLE VERSIONS OF THE APPLICATIONS ARE AVAILABLE FOR INFORMATIONAL PURPOSES ONLY.

Signature of Adult Applicant or Authorized Representative for the Applicant Date

Print First and Last Name of Applicant