DOH-4272	FORM NUMBER	FORM TITLE
DOH-42825 Family Planning Benefit Program Application (Spanish)	DOH-4272	Notice of Acceptance For Family Health Plus
DOH-4282S Family Planning Benefit Program Application (Spanish) DOH-4283 Notice of Decision on Your Family Planning Application (Acceptance) DOH-4284 Applicant Release Agreement English DOH-4286 Family Planning Benefit Program Application (Acceptance) (Spanish) DOH-4286 Family Planning Benefit Program Application (Instructions) DOH-4286 Family Planning Benefit Program Application (Instructions) (Spanish) DOH-4287 Continuing Your Medicaid/Family Health Plus (Spanish) DOH-4287 Continuing Your Medicaid/Family Health Plus (Spanish) DOH-4288 Notice of Decision on Your Medicaid Assistance Application (Family Planning Acceptance) DOH-4289 Notice of Decision on Your Medicaid Assistance Application (Family Planning Acceptance) DOH-4289 Notice of Decision on Your Medicaid Assistance Application (Family Planning Acceptance) (Spanish) DOH-4290 Notice of Decision on Your Medicaid Assistance Application Medicaid/Family Health Plus Denial/Family Planning Benefit Program Declination DOH-4290 Notice of Decision on Your Medical Assistance Application Medicaid/Family Health Plus Denial/Family Planning Benefit Program Declination DOH-4310 Notice of Decision on Your Medical Assistance Application Medicaid/Family Health Plus Denial/Family Planning Benefit Program Declination (Spanish) DOH-4311 Notice of Decision To Approve Or Deny Enrollment In The Care At Home I And II Waiver Program DOH-4313 Notice of Decision To Discontinue Participation In The Care At Home I And II Waiver Program DOH-4314 Notice Of Decision To Discontinue Participation In The Care At Home I And II Waiver Program (NVC-ONLY) DOH-4315 Notice Of Decision To Discontinue Participation In The Care At Home I And II Waiver Program (NVC-ONLY) DOH-4319 Long-Term Care Change In Need Resource Checklist DOH-4319 Long-Term Care Change In Need Resource Checklist DOH-4320 Authorization For Short-Term Rehabilitative Nursing Home Care (Spanish) DOH-4321 Notice of Acceptance of Your Medical Assistance Application (Community Coverage Without Long-Term Care (Span	DOH-4272S	· · · · · · · · · · · · · · · · · · ·
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	LDSS-0939S	
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LDSS-1151.1	Disability Interview Continuation Sheet
LDSS-1348	Authorization - Voucher for Medical, Travel and Incidental Expenses
LDSS-2284	SDX Change Form
LDSS-2353	Eye-Exam Clearance - Blind Applicant for MA
LDSS-2400	Request for Child/Teen Health Program Services
LDSS-2831A	Temporary Medicaid Authorization (3-Part)
LDSS-3139	Home Assessment Abstract
LDSS-3183	Provider/Recipient Letter (Financial Obligation of Recipient Toward Medical Expenses)
LDSS-3286	Information Concerning Medical Assistance for SSI Beneficiaries (Spanish on Reverse)
LDSS-3377	Mandatory Eye Exam Report
LDSS-3451	CBVH Medical Eye Report
LDSS-3457	Budget Worksheet - MA - SSI Related Budgeting and Monthly Deeming Worksheet
LDSS-3477	Principal Provider Data Input Form
LDSS-3478	Restriction/Exception Data Input Form
LDSS-3622	Notice of Decision on Your Medical Assistance Application
LDSS-3622S	Notice of Decision on Your Medical Assistance Application (Spanish)
LDSS-3623	Notice of Intent to Discontinue/Change Medical Assistance
LDSS-3623S	Notice of Intent to Discontinue/Change Medical Assistance (Spanish)
LDSS-3817	Mental Residual Functional Capacity Assessment
LDSS-3818	Psychiatric Review Technique
LDSS-3827	Burial Fund Acknowledgement
LDSS-3827S	Burial Fund Acknowledgement (Spanish)
LDSS-3868	Notice of Medical Assistance Review
LDSS-3868S	Notice of Medical Assistance Review (Spanish)
LDSS-3869	Notice of Decision on Reimbursement of Medical Bills by MA Program
LDSS-3869S	Notice of Decision on Reimbursement of Medical Bills by MA Program (Spanish)
LDSS-3955	Certification of Treatment of Emergency Medical Condition
LDSS-3973	Notice of Decision on Your MA Application (Excess Income/Resources)
LDSS-3973S	Notice of Decision on Your MA Application (Excess Income/Resources) (Spanish)
LDSS-4021	Notice of Intent to Change the Contribution Toward Chronic Care Costs
LDSS-4021S	Notice of Intent to Change the Contribution Toward Chronic Care Costs (Spanish)
LDSS-4022	Notice of Intent to Establish a Liability Toward Chronic Care
LDSS-4022S	Notice of Intent to Establish a Liability Toward Chronic Care (Spanish)
LDSS-4023	Notice of Intent to Discontinue for Failure to Comply With Recertification Procedures
LDSS-4023S	Notice of Intent to Discontinue for Failure to Comply With Recertification Procedures
L DOC 4000	(Spanish)
LDSS-4038	Explanation of the Excess Income Program
LDSS-4038S	Explanation of the Excess Income Program (Spanish)
LDSS-4040	Notice of Decision on Eligibility for the Medicare Buy-In Program (Active MA Only
LDCC 4040C	Recipients)
LDSS-4040S	Notice of Decision on Eligibility for the Medicare Buy-In Program (Active MA Only
I DCC 4141	Recipients) (Spanish)
LDSS-4141	Notice of Medical Assistance Disability Determination
LDSS-4141S LDSS-4144	Notice of Medical Assistance Disability Determination (Spanish)
LU33-4144	Notice of Decision On Your Medical Assistance Application, Limited Coverage (Transfer
I DCC 4144C	of Assets Penalty)
LDSS-4144S	Notice of Decision On Your Medical Assistance Application, Limited Coverage (Transfer
LDCC 414F	of Assets Penalty) (Spanish)
LDSS-4145	Notice of Decision on Your Medical Assistance Application for Nursing Facility Services,
	Limited Coverage (Transfer of Assets Penalty)

LDSS-4145S	Notice of Decision on Vour Medical Assistance Application for Nursing Equility Services
LD33-41433	Notice of Decision on Your Medical Assistance Application for Nursing Facility Services,
I DCC 4146	Limited Coverage (Transfer of Assets Penalty) (Spanish)
LDSS-4146 LDSS-4146S	Notice of Decision of MA Application (Transfer of Resources)
LDSS-4146S LDSS-4147	Notice of Decision of MA Application (Transfer of Resources) (Spanish)
	Notice of Intent to Discontinue/Change MA Coverage (Transfer of Assets)
LDSS-4147S	Notice of Intent to Discontinue/Change MA Coverage (Transfer of Assets) (Spanish)
LDSS-4150	Medical Presumptive Eligibility for Pregnant Women Screening Checklist
LDSS-4198	Third Party Data Sheet
LDSS-4294	Explanation of the Effect of Transfer of Asset(s) on Medical Assistance Eligibility
LDSS-4294S	Explanation of the Effect of Transfer of Asset(s) on Medical Assistance Eligibility (Spanish)
LDSS-4306	Notice of Acceptance for Medical Assistance with Limited Coverage (Spousal Refusal Community Cases)
LDSS-4306S	Notice of Acceptance for Medical Assistance with Limited Coverage (Spousal Refusal Community Cases) (Spanish)
LDSS-4307	Notice of Action on Application/Benefit for Medical Assistance Payment of the COBRA
1200 4007	Continuation Coverage Premium
LDSS-4307S	Notice of Action on Application/Benefit for Medical Assistance Payment of the COBRA
LD00-43070	Continuation Coverage Premium (Spanish)
LDSS-4321	Explanation of the Excess Resources Program
LDSS-4321S	Explanation of the Excess Resources Program (Spanish)
LDSS-4329	Notice of Action on Application/Benefit for Medical Assistance Payment of Health
	Insurance Premiums Under the AIDS Health Insurance Program
LDSS-4329S	Notice of Action on Application/Benefit for Medical Assistance Payment of Health
	Insurance Premiums Under the AIDS Health Insurance Program (Spanish)
LDSS-4345	Budget Worksheet - MA Legally Responsible Relative (LRR) Income Contribution
LDSS-4346	Budget Worksheet - MA Institutionalized Spouse Budget Worksheet
LDSS-4362	Pediatric Patient Review Instrument for Care at Home Waiver Program
LDSS-4368	Notice of Intent to Change Your Medical Assistance Coverage (SSI Recipient)
LDSS-4368S	Notice of Intent to Change Your Medical Assistance Coverage (SSI Recipient) (Spanish)
LDSS-4369	Bank Inquiry & Clearance Report Medicaid/FHP Only
LDSS-4384	Third Party Health Insurance
LDSS-4411	Recertification for Medical Assistance (Chronic Care)
LDSS-4454EL	LDSS Quarterly Estate and Casualty Recovery Report
LDSS-4466	Notice of Intent to Impose a Lien on Real Property (Institutionalized Individual)
LDSS-4489	Notice of Decision on Your Medical Assistance Application (Community Coverage)
LDSS-4489S	Notice of Decision on Your Medical Assistance Application (Community Coverage)
	(Spanish)
LDSS-4528	Notice of Change in Limited Coverage Period for An Institutionalized Person
LDSS-4528S	Notice of Change in Limited Coverage Period for An Institutionalized Person (Spanish)
LDSS-4544	Notice of Credit Due to Uncovered Expenses (Pay-In Program)
LDSS-4544S	Notice of Credit Due to Uncovered Expenses (Pay-In Program) (Spanish)
LDSS-4545	Notice of Refund Due to Uncovered Expenses (Pay-In Program)
LDSS-4545S	Notice of Refund Due to Uncovered Expenses (Pay-In Program) (Spanish)
LDSS-4546	Notice of Credit Due to Review of Medical Assistance Claims (Pay-In Program)
LDSS-4546S	Notice of Credit Due to Review of Medical Assistance Claims (Pay-In Program)
	(Spanish)
LDSS-4547	Notice of Refund Due to Review of Medical Assistance Claims (Pay-In Program)
LDSS-4547S	Notice of Refund Due to Review of Medical Assistance Claims (Pay-In Program)
	(Spanish)

LDSS-4548	Optional Pay-In Program for Individuals with Excess Income
LDSS-4578	Notice of Intent to Change Medical Assistance to Transitional Medical Assistance
	Coverage
LDSS-4578S	Notice of Intent to Change Medical Assistance to Transitional Medical Assistance
	Coverage (Spanish)
LDSS-4750	Important Notice Concerning Your Contribution Toward Chronic Care
LDSS-4750S	Important Notice Concerning Your Contribution Toward Chronic Care (Spanish)
LDSS-4807	Health Care Programs for New Yorkers (English and Spanish)
OHIP-0001	Notice of Decision on your Request for Undue Hardship (Transfer of Assets Penalty)
OHIP-0001S	Notice of Decision on your Request for Undue Hardship (Transfer of Assets Penalty)
	(Spanish)
OHIP-0002	Notice of Action on Application/Benefit for Medical Assistance Payment of Medicare
	Premiums
OHIP-0002S	Notice of Action on Application/Benefit for Medical Assistance Payment of Medicare
	Premiums (Spanish)
OHIP-0002(NYC)	Notice of Action on Application/Benefit for Medical Assistance Payment of Medicare Premiums (NYC)
OHIP-0002(NYC)S	Notice of Action on Application/Benefit for Medical Assistance Payment of Medicare
	Premiums (NYC) (Spanish)
OHIP-0003	Notice of Medical Assistance Payment of the Medicare Part A and/or Part B Premium
OHIP-0003S	Notice of Medical Assistance Payment of the Medicare Part A and/or Part B Premium
	(Spanish)
OHIP-0003(NYC)	Notice of Medical Assistance Payment of the Medicare Part A and/or Part B Premium
	(NYC)
OHIP-0003(NYC)(S)	Notice of Medical Assistance Payment of the Medicare Part A and/or Part B Premium
	(NYC) (Spanish)