

**OTHER ELIGIBILITY REQUIREMENTS
APPLICATION, CERTIFICATION AND RENEWAL**

FAMILY PLANNING BENEFIT PROGRAM (FPBP) APPLICATION

Policy: Local social services districts must determine FPBP eligibility for persons of childbearing age who are determined ineligible for Medicaid, and Family Health Plus. When a family or individual applies for Medicaid/ Family Health Plus and is determined ineligible, FPBP eligibility is determined for all applicants of child-bearing age. Children must be referred to CHPlus.

Persons can apply for the FPBP using the DOH-4282 and DOH 4286, FPBP application and instructions. When the application is for the Family Planning Benefit Program (FPBP) only, family planning providers and local county health departments can assist in the application process if the provider has a memorandum of understanding (MOU) with the district/SDOH. In addition, all Article 28 providers and others designated by the State Department of Health who have been trained must provide application assistance. Districts are encouraged to work with these entities to enter into MOUs, so that the application process can be facilitated. All applications taken by these family planning providers who have an MOU with the district will be forwarded to the local district for final eligibility determinations.

FPBP applicants must be informed, by the person who provides application assistance, of the benefits available under Medicaid, and Family Health Plus and of their right to apply for Medicaid and Family Health Plus. When the applicant's reported income is at or below the Medicaid or Family Health Plus income standards, the individual/family is encouraged to apply for these programs and the application requirements are explained. After this discussion, if the applicant chooses to apply for the FPBP only, the applicant completes the Family Planning Benefit Program application (DOH-4282) and signs the "Declination of Medicaid and Family Health Plus Eligibility Determinations" statement on the back of the application. The applicant is advised that s/he may apply for Medicaid or Family Health Plus at any time in the future.

References:	SSL	366(1) (a) (11)
	ADMs	10 OHIP/ADM-4 03 OMM/ADM-2 02 OMM/ADM-7
	INFs	10 OHIP/INF-1