

**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, Child Health Plus A and Family Health Plus. When a family or individual applies for Medicaid/Child Health Plus A/ Family Health Plus and is determined ineligible, FPBP eligibility is determined for all applicants of child-bearing age.***

***Persons can apply for the FPBP only. When the application is for the Family Planning Benefit Program (FPBP) only, family planning providers, local county health departments, and Prenatal Care Assistance Program (PCAP) providers can assist in the application process if the provider has a memorandum of understanding (MOU) with the district. Districts are encouraged to work with these entities to enter into MOUs, so that the application process can be facilitated, including the delegation of the face-to-face interview. 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 interviewer of the benefits available under Medicaid, Child Health Plus A, and Family Health Plus and of their right to apply for Medicaid, Child Health Plus A and Family Health Plus. When the applicant's reported income is at or below the Medicaid, Child Health Plus A 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 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, Child Health Plus A or Family Health Plus at any time in the future.***

**References:**

**SSL 366(1)(a)(11)**

**ADMs 03 OMM/ADM-2  
02 OMM/ADM-7**

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***Interpretation:*** ***Persons under the age of 21 who want to apply for family planning services only, are living with their parents, and do not have their parents' financial information complete the "Family Planning Benefit Program" application. (See page 238.1 for budgeting guidelines.) Adults who choose not to apply for Medicaid and Family Health Plus also use the Family Planning Benefit Program application.***

***When the applicant requests confidentiality, the applicant is instructed to write "confidential" in the margin and circle the mailing address, if different from the applicant's residence address. However, if the application contains a different mailing address, and/or the "Yes" box is checked in answer to the question, "Do you need these services kept confidential?", the application is treated as confidential, regardless of whether the applicant circled the mailing address or wrote "confidential" in the margin.***

***Minors receiving Child Health Plus B who have confidentiality concerns about using their Child Health Plus B coverage for family planning services are allowed to enroll in FPBP, if otherwise eligible.***

***Medicaid, Child Health Plus A and Family Health Plus recipients are not eligible for FPBP. These health care programs include family planning services.***

***Individuals who apply for Medicaid/Child Health Plus A/Family Health Plus and are determined ineligible, have their eligibility determined for FPBP. Individuals who are financially eligible for FPBP, but who choose not to participate in FPBP, must be sent the appropriate notice.***

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