

**New York State Caregiver Guide Request Form**

Instructions: Please use this form to request copies of the New York State (NYS) Caregiver Guide. There is no cost to request the NYS Caregiver Guide and it will be mailed directly to the address provided below. Fill out this form in its entirety and return completed forms to [ALTCteam@health.ny.gov](mailto:ALTCteam@health.ny.gov). **All fields noted with an asterisk (\*) are required.**

**Individual Completing Request Form**

Name of person completing request\*

Email address\*

Phone number\*

Date\*

**Mailing Information for Delivery of NYS Caregiver Guide**

Name (use business name, if applicable)\*

Address 1\*

Address 2

Address 3

Zip Code\*

City\*

State\*

Phone Number\*

Type of Address\* (residential, business, other)

Attention to

Phone

Phone Extension

Email

**Number of copies being ordered\***

**Special mailing instructions, if any**