

LISTING OF ATTACHMENTS

Attachment I	DOH 5057 (Rev. 12/12) - Medicaid Presumptive Eligibility (PE) for the Family Planning Benefit Program (FPBP) Provider Screening Form
Attachment II	OHIP-0062 (Rev. 10/12) - Instructions for Completing the PE for FPBP Screening Form
Attachment III	OHIP-0059 (Rev. 3/13) - Presumptive Eligibility for the Family Planning Benefit Program (FPBP) Screening Determination Letter
Attachment IV	OHIP-0061 (Rev. 7/12) - FPBP Documentation Checklist
Attachment V	DOH - 5071 (Rev. 8/12) - FPBP Provider Request for Enrollment Activity
Attachment VI	LDSS/HRA Request for Enrollment Activity (Rev. 5/13)
Attachment VII	OHIP-0066 (Rev. 9/12) - Notice of Decision to Approve Retroactive Family Planning Benefit Program Coverage, Deny Ongoing Family Planning Benefit Program Coverage
Attachment VIII	OHIP-0066 (SP) (Rev. 9/12) - Notice of Decision to Approve Retroactive Family Planning Benefit Program Coverage, Deny Ongoing Family Planning Benefit Program Coverage (Spanish)
Attachment IX	OHIP-0067 (Rev. 9/12) - Notice of Decision to Approve Ongoing Family Planning Benefit Program Coverage, Deny Retroactive Family Planning Benefit Program Coverage
Attachment X	OHIP-0067 (SP) (Rev. 9/12) - Notice of Decision to Approve Ongoing Family Planning Benefit Program Coverage, Deny Retroactive Family Planning Benefit Program Coverage (Spanish)