

FORM NUMBER	FORM TITLE
DOH-4272	Notice of Acceptance For Family Health Plus
DOH-4272S	Notice of Acceptance For Family Health Plus (Spanish)
DOH-4282	Family Planning Benefit Program Application
DOH-4282S	Family Planning Benefit Program Application (Spanish)
DOH-4283	Notice of Decision on Your Family Planning Application (Acceptance)
DOH-4283S	Notice of Decision on Your Family Planning Application (Acceptance) (Spanish)
DOH-4284	Applicant Release Agreement English
DOH-4284S	Applicant Release Agreement (Spanish)
DOH-4286	Family Planning Benefit Program Application (Instructions)
DOH-4286S	Family Planning Benefit Program Application (Instructions) (Spanish)
DOH-4287	Continuing Your Medicaid/Family Health Plus
DOH-4287S	Continuing Your Medicaid/Family Health Plus (Spanish)
DOH-4289	Notice of Decision on Your Medical Assistance Application (Family Planning Acceptance)
DOH-4289S	Notice of Decision on Your Medical Assistance Application (Family Planning Acceptance) (Spanish)
DOH-4290	Notice of Decision on Your Medical Assistance Application Medicaid/Family Health Plus Denial/Family Planning Benefit Program Declination
DOH-4290S	Notice of Decision on Your Medical Assistance Application Medicaid/Family Health Plus Denial/Family Planning Benefit Program Declination (Spanish)
DOH-4312	Notice of Decision To Approve Or Deny Enrollment In The Care At Home I And II Waiver Program
DOH-4313	Notice of Decision To Approve Or Deny Enrollment 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
DOH-4315	Notice Of Decision To Discontinue Participation In The Care At Home I And II Waiver Program (NYC-ONLY)
DOH-4315S	Notice Of Decision To Discontinue Participation In The Care At Home I And II Waiver Program (NYC-ONLY) (Spanish)
DOH-4319	Long-Term Care Change In Need Resource Checklist
DOH-4319S	Long-Term Care Change In Need Resource Checklist (Spanish)
DOH-4320	Authorization For Short-Term Rehabilitative Nursing Home Care
DOH-4320S	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)
DOH-4321S	Notice of Acceptance of Your Medical Assistance Application (Community Coverage Without Long-Term Care) (Spanish)
DOH-4328	Medicare Savings Program Application
DOH-4328S	Medicare Savings Program Application (Spanish)
DOH-4418	Identity, Citizenship and/or Immigration Status for the Medical Assistance Program
DOH-4418S	Identity, Citizenship and/or Immigration Status for the Medical Assistance Program (Spanish)
LDSS-0486	Medical Report for Determination of Disability
LDSS-0486T	Medical Report for Determination of Disability
LDSS-0639	Disability Review Team Certificate
LDSS-0654	Transmittal Sheet Disability Forms
LDSS-0901	Authorization for Medical Examination and Payment Request
LDSS-0939	MA Questionnaire - Responsible Relative
LDSS-0939S	MA Questionnaire - Responsible Relative (Spanish)
LDSS-1151	Disability Interview

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 (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 Recipients)
LDSS-4040S	Notice of Decision on Eligibility for the Medicare Buy-In Program (Active MA Only Recipients) (Spanish)
LDSS-4141	Notice of Medical Assistance Disability Determination
LDSS-4141S	Notice of Medical Assistance Disability Determination (Spanish)
LDSS-4144	Notice of Decision On Your Medical Assistance Application, Limited Coverage (Transfer of Assets Penalty)
LDSS-4144S	Notice of Decision On Your Medical Assistance Application, Limited Coverage (Transfer 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 Your Medical Assistance Application for Nursing Facility Services, Limited Coverage (Transfer of Assets Penalty) (Spanish)
LDSS-4146	Notice of Decision of MA Application (Transfer of Resources)
LDSS-4146S	Notice of Decision of MA Application (Transfer of Resources) (Spanish)
LDSS-4147	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 Continuation Coverage Premium
LDSS-4307S	Notice of Action on Application/Benefit for Medical Assistance Payment of the COBRA 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)