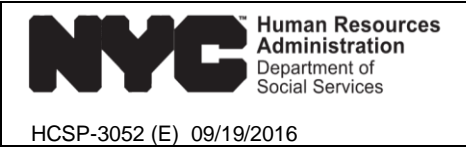


**IMMEDIATE NEED TRANSMITTAL TO THE HOME CARE SERVICES PROGRAM**



DATE: \_\_\_\_\_ CONSUMER'S NAME: \_\_\_\_\_ LAST 4 DIGITS OF CONSUMER'S SSN: \_\_\_\_\_

<b>From</b>
NAME OF SUBMITTING ORGANIZATION
STREET ADDRESS
CITY, STATE, ZIP CODE

<b>To:</b>
HOME CARE SERVICES PROGRAM – IMMEDIATE NEEDS
785 ATLANTIC AVENUE, 7 <sup>th</sup> Floor
BROOKLYN, NY 11238

I am submitting this application package on behalf of the above named consumer for processing as an “Immediate Need” for home care services. S/he wishes to be enrolled in the following program (check one):

- Personal Care (PCS)                       Consumer Directed Personal Assistance (CDPAS)

I understand that the documentation listed in the table(s) below is **required** for this request to be processed. All are attached and appear to be fully completed.

For **all** Immediate Need Requests

OHIP-0103, <b>Attestation of Immediate Need</b>	HCSP M-11q, <b>Medical Request for Home Care</b>	OCA-960, <b>Authorization for Release of Health Information Pursuant to HIPAA</b>
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**Also** required, in addition to the three items listed above, **if** the consumer already has Medicaid coverage, but it does not include long term care coverage

DOH-4495A, <b>Access NY Supplement A</b>	All necessary proofs that apply to this supplemental form <b>only</b> , as detailed in the DOH-4220 “ <b>Documents Needed When You Apply For Public Health Insurance</b> ” section
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**Also**, required in addition to everything listed in both tables above, **if** the consumer does not already have Medicaid coverage at all

DOH-4220, <b>Access NY Insurance Application</b>	All necessary proofs as detailed in the DOH-4220 “ <b>Documents Needed When You Apply For Public Health Insurance</b> ” section
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Though not required, I understand that submission of a cover letter that includes an explanation of the immediate need, the status of consumer’s current whereabouts, a listing of submitted documents, the type of service requested (PCS or CDPAS), is strongly recommended.

- I have attached a cover letter                       I have not submitted a cover letter

Print Name:	Sign Name:	Telephone Number:
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