

MLTC COVER SHEET



**Home Care Services Program
Centralized Medicaid Eligibility Unit
785 Atlantic Avenue, 7th Floor
Brooklyn, New York 11238**

DATE: _____

PLAN NAME: _____

CONTACT NAME: _____

CONSUMER NAME: _____ CIN: _____

SOCIAL SECURITY #: _____
(Last four digits only)

MLTC MEDICAID ELIGIBILITY AND PROCESSING

You MUST indicate a requested action:

- Renewal
- Return Deferral
- Pooled Trust, Supplemental Needs Trusts, Other Trusts for active cases
- Budget review/correction
- Demographic changes (Name, DOB, address etc.)
- Medicare Savings Program (MSP) transactions