

**REQUEST FOR A TIME EXTENSION:
MEDICARE APPLICATION**



Date: _____

Case Name: _____

Case Number: _____

CIN: _____

I am unable to provide the documentation that HRA requested at this time. I am requesting additional time past the deferral due date that HRA provided. I understand that this extra time will delay the final processing of my case which could result in an eligibility determination taking longer than the normal case processing timeframe of 30 days for a case containing a child, 45 days for a case containing adults only, or 90 cases for a case based on a disability.

INITIAL EXTENSION REQUEST (place a checkmark in the appropriate box or boxes)

My due date to provide documents is _____.

I am requesting the following:

Up to _____ additional calendar days to give you my documents

Reason for Extension: _____

FOLLOW-UP EXTENSION REQUEST (place a check in the box below if this is **not** your first extension request)

I am requesting up to _____ additional calendar days to give you my documents

Reason for Extension: _____

Please tell us what you have done to get the documents. Include the name and contact information of the third party contacted (e.g. Bank, Life Insurance Company, Pension Company, IRS, SSA, etc.) the dates contacted and the response received. Attach any relevant correspondence.

I understand that if I do not provide the documents requested by the date it is due, or send HRA a request for an additional extension explaining why I need more time, HRA will make an eligibility determination based upon the documents and information on file and:

My application may be:

- Denied for Medicaid. HRA will not authorize Nursing Home coverage or any other type of Medicaid coverage
- Determined eligible for Medicaid Community Coverage **with** Community Based Long Term Care; **only**
- Determined eligible for Medicaid Community Coverage **without** Long-Term Care, **only**

Name of Consumer/Representative (Print)	Name of Consumer/Representative (Sign)	Date

Do you have a medical or mental health condition or disability? Does this condition make it *hard for you to understand this notice or to do what this notice is asking?* Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.