FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #06-128-OPE

OBSOLETE FORMS

Date:	Subtopic(s):
September 22, 2006	Forms

⌨ This procedure can now be accessed on the FIAweb.

This policy bulletin is to inform Job Center and Non-Public Assistance (NPA) Food Stamp (FS) Office staff that the Important Information for All Medicaid Applicants (**W-299F**) and Request for Common Benefit Identification Card or Update (**W-607T**) are now obsolete.

The **W-299F** is an informational sheet which briefly describes how applicants will receive their Benefit Identification Card and how to receive medical services from a Medicaid provider. This information is no longer accurate and is now captured on the Important: Using Common Benefit Identification Cards (CBIC) for Medical Services form (**W-126E**). The Family Independence Administration (FIA) no longer provides separate identification cards for cash assistance, Food Stamp and medical services. All benefits are provided through the CBIC card. The Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC form (**W-607A**) will now be utilized by applicants instead to receive their Benefit Identification Card.

The **W-607T** form was initially used exclusively by Food Stamp Offices but it is also no longer needed because it has been replaced by the **W-607A**, which will be utilized by both Job Centers and Food Stamp Offices.

Center Directors and Food Stamp Office Site Managers must ensure that all versions of the **W-299F** and **W-607T** are removed from circulation and recycled.

Effective Immediately

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

Distribution: X

⌨ Please use Print on Demand to obtain copies of forms.

Attachments:

W-299F	Important Information for All Medicaid Applicants (Obsolete)
W-607T	Request for Common Benefit Identification Card or Update (Obsolete)

IMPORTANT INFORMATION FOR ALL MEDICAID APPLICANTS

If you are determined eligible for Medicaid, you will receive a Benefit Identification Card to use when you need medical services. Services must be obtained from Medicaid providers. Not all providers accept Medicaid. Always ask the doctor or other provider if he or she takes Medicaid, before you receive the service. If you have to pay for medical services before you get your Benefit Identification Card, we may be able to pay you, however, we will pay you only if the doctor or other provider takes Medicaid.

INFORMACION IMPORTANTE PARA TODOS LOS SOLICITANTES DEL MEDICAID

Si se determina que usted es elegible para el Medicaid, usted recibirá una Tarjeta de Identificación de Beneficios para utilizarla cuando usted necesite servicios médicos. Los servicios deben ser provistos por proveedores del Medicaid. No todos los proveedores aceptan a beneficiarios del Medicaid. Siempre pregunte al médico u a otro proveedor de servicios si él o ella acepta a beneficiarios del Medicaid antes de obtener algún servicio. Si usted tiene que pagar por servicios médicos obtenidos antes de recibir su Tarjeta de Identificación de Beneficios, es probable que nosotros podamos reembolsarle. Sin embargo, nosotros le reembolsaremos a usted solamente si el médico u otro proveedor acepta a beneficiarios del Medicaid.

The **CITY** of **NEW YORK**
Human Resources Administration
Family Independence Administration

REQUEST FOR COMMON BENEFIT IDENTIFICATION CARD OR UPDATE

Prepare in the following situations:

- Undomiciled or cannot receive mail
- ID card needed on an immediate basis
- Alternate Payee
- Replacement of ID Card
- Update CBIC

Section I: (To be completed by Eligibility Specialist)

CIN

Case Number

Participant Name (print)

Alternate Payee (print)

Participant Signature

Alternate Payee Signature

Check ☑ reason for action:

- ☐ 01 Lost Card
- ☐ 03 Defective
- ☐ 06 Surrendered
- ☐ CBIC Update (no CBIC referral required)
- ☐ 02 Stolen
- ☐ 04 Mutilated
- ☐ 09 First Card/never received

Section II: Reason for Request (To be completed by Eligibility Specialist)

OBSOLETE

- ☐ Photo Card?
  - ☐ No
  - ☐ Yes

- ☐ Is the mailing address different than that on WMS?   No ☐   Yes ☐
  If yes, complete below.

  Care of Name

  Street   Apt.

  City   State   Zip

- ☐ In receipt of Single Issuance?
  No ☐   Yes ☐

  Is the payee correctly established?
  No ☐   Yes ☐

  If No:
  - ☐ Delete current payee

  CIN
  - ☐ Add new payee

  CIN

- ☐ Mail Permanent Card and Temporary Medicaid Card DSS-4113-2 (CBIC menu function 1)

- ☐ Over the Counter Permanent Card DSS-4113-2 to Card Control (CBIC menu function 2)

- ☐ Authorized Representative Card (CBIC menu function 3). Be sure to send Authorized Representative to the AFIS Unit for photo and signature only.

  Check one: ☐ Agency Pickup (at Card Control)   ☐ Mail

  Authorized Representative
                            First Name   M.I.   Last Name

- ☐ **DSS-2831-A (Complete Section IV on reverse)**

Eligibility Specialist's Signature	Date	Supervisor's Signature	Date

Section III: Signature Verification (To be completed by Card Production Worker)

☐ Temporary Card (Vault) Referral issued. Permanent card mail request processed. (To be decided by Receptionist only.)

Applicant/Participant Signature	Date	Authorized Representative (Payee's) Signature	Date

Signature(s) verified and documents listed in Section I seen.   No ☐   Yes ☐

Card Production Worker: Date: