

M E M O R A N D U M

DATE: March 8, 2022

TO: Job Center Directors, Supplemental Nutrition Assistance Program (SNAP)
Center Directors, Regional Managers

FROM: DSS Office of Procedures

SUBJECT: Common Benefit Identification Card (CBIC) Information

The purpose of this Center Director (CD) Memorandum is to:

- advise Job Center staff to provide CBIC information to Cash Assistance (CA) applicants/participants at the end of the application/recertification interview;
- remind staff that Supplemental Nutrition Assistance Program (SNAP) applicants/participants can get a vault card while waiting for a permanent or replacement CBIC card in the mail; and
- remind staff that a temporary Medicaid card can be issued by the Disbursement and Collections (D&C) unit.

The Job Opportunity Specialist (JOS)/Worker is required to make two telephone call attempts to contact CA applicants/participants to conduct an application/recertification interview. If contact is successful, at the end of the CA application/recertification interview, the JOS/Worker must inform the applicant/participant that the CBIC card will be mailed to their address of record based on the information provided in the interview within ten (10) days of their case becoming active and benefits being issued.

If the applicant/participant needs to access their benefits immediately, staff must inform them that they can go to the nearest Job Center for a vault card. This is a temporary CBIC card that will give them full access to their benefits while they wait for the permanent CBIC card to arrive in the mail.

SNAP applicants/participants can also take advantage of vault cards while waiting for a permanent or replacement CBIC card in the mail.

The Head of Household on a Medicaid case can obtain a temporary Medicaid card for household members from D&C. To process this request, the D&C Staff/Clerk must:

- receive a request for a temporary Medicaid card from the applicant/participant for whom D&C has completed the Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (**W-607A**) form, or from a JOS/Worker via a completed **W-607A**.
- access the Welfare Management System (WMS) using the applicant's/participant's case number to identify the individual(s) in need of the temporary Medicaid card.
- provide the applicant/participant the Temporary Medicaid/OTC Site Referral Cards (**LDSS-4113-2**) and the How and Where to Apply for Medicaid (**MAP-58d**) form.

Once the temporary card has been issued, the permanent Medicaid card will automatically be mailed to the applicant/participant.

Note: Once a Temporary Medicaid card has been issued, Workers must not generate an Over-the-Counter (OTC) Referral card to pick up the permanent card because the system will automatically invalidate both the temporary card and the permanent card, that is ready to be mailed. As a result, the applicant/participant will have no Medicaid Card.

Effective Immediately

References:

[PB #20-64-ELI](#)

[PB #20-12-SYS](#)

[PB #19-42-SYS](#)

[Disbursement and Collection \(D&C\) Manual](#)

Attachments:

[W-607A](#)

Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (Rev. 8/9/19)

[MAP-58d](#)

How and Where to Apply for Medicaid (Rev. 12/16/21)



Request for Identification Card/ Temporary Medicaid Authorization/Update Existing CBIC

Prepare in the following situations:

<ul style="list-style-type: none"> ● Replacement of CBIC or Medicaid card ● Update CBIC 	<ul style="list-style-type: none"> ● Undomiciled applicant/participant ● Issuance of Immediate Needs/Expedited Supplemental Nutrition Assistance Program (SNAP) Grant 	<ul style="list-style-type: none"> ■ Authorized representative (payee) case ■ Temporary Medicaid Authorization for applicant before case is on WMS
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Section I: (To be completed by JOS/Worker)

To: Reception/Disbursement and Collections Unit	From: Job Center/Supplemental Nutrition Assistance Program (SNAP) Office: Caseload:														
Case Name:	Applicant/Participant's Signature: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>														
Authorized Representative (Payee) Name (print):	Authorized Representative (Payee) Signature: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>														
Fingering Imaging/Photo/Signature Completed <input type="checkbox"/>	Applicant/Participant CIN: Applicant/Participant Case Type/Case No./Registry No./Suffix:														
<p>Check Reason for Action:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> 01 Lost card</td> <td style="width: 50%; border: none;"><input type="checkbox"/> 06 Surrendered</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 02 Stolen</td> <td style="border: none;"><input type="checkbox"/> 09 First card/never received</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 03 Defective</td> <td style="border: none;"><input type="checkbox"/> CBIC update (no CBIC referral required)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 04 Mutilated</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> 01 Lost card	<input type="checkbox"/> 06 Surrendered	<input type="checkbox"/> 02 Stolen	<input type="checkbox"/> 09 First card/never received	<input type="checkbox"/> 03 Defective	<input type="checkbox"/> CBIC update (no CBIC referral required)	<input type="checkbox"/> 04 Mutilated		<p>Identification documents witnessed for applicant/participant or authorized representative; the same two pieces must be presented to the Disbursement and Collections (D&C) Unit.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Document</th> <th style="width: 50%;">ID Number</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table>	Document	ID Number				
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<input type="checkbox"/> 04 Mutilated															
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SAMPLE

Section II: Reason for Request (To be completed by JOS/Worker)

<input type="checkbox"/> Photo card? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Is the mailing address different than that on WMS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete below. <hr/> Care of Name <hr/> Street Apt. No. <hr/> City State Zip	<input type="checkbox"/> Is applicant receiving expedited SNAP benefits and/or an immediate needs grant? <input type="checkbox"/> No <input type="checkbox"/> Yes Is the payee correctly established? <input type="checkbox"/> No <input type="checkbox"/> Yes If No: <input type="checkbox"/> Delete current payee <hr/> <div style="text-align: center;">CIN</div> <input type="checkbox"/> Add new payee <hr/> <div style="text-align: center;">CIN</div>
<input type="checkbox"/> Mail Permanent Card and Temporary Medicaid Card (LDSS-4113-2) (CBIC menu function 1) <input type="checkbox"/> Over-the-Counter Permanent Card Request (LDSS-4113-2) (CBIC menu function 2) <input type="checkbox"/> Vault Card and Mail Card (CBIC Menu Option 1)		

(Turn page)

Section II: Reason for Request (To be completed by JOS/Worker)

<input type="checkbox"/> Authorized Representative Card (CBIC menu function 3) Be sure to send authorized representative to the AFIS Unit for photo and signature only. Check one: <input type="checkbox"/> Agency pickup (at OTC Site) <input type="checkbox"/> Mail <input type="checkbox"/> Vault Card			
Authorized Representative: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Name M.I. Last Name </div>			
<input type="checkbox"/> Temporary Medicaid Authorization (LDSS-2831-A) Complete Section IV.			
JOS/Worker's Signature _____		Date _____	
Supervisor's Signature _____		Date _____	

Section III: Signature Verification (To be completed by D&C or SNAP Reception)

<input type="checkbox"/> Vault card (Temporary) issued			
<input type="checkbox"/> Permanent card mail request processed (to be decided by D&C or SNAP Reception) <input type="checkbox"/> Pickup CBIC (at OTC Site)			
Applicant/Participant's Signature _____		Date _____	
Authorized Representative (Payee) Signature _____		Date _____	
Signature(s) verified and documents listed in Section I seen.			
SNAP Reception/D&C or Card Producer's Signature: _____ Date: _____			

To be Completed by Job Center ONLY

Section IV: Additional information for Temporary Medicaid Authorization (LDSS-4113-2/ LDSS-2831A) (To be completed by JOS/Worker)

Name	Last	First	
Address	Street		
	City	State	Zip Code

Enter 7-digit case number and 1-digit suffix	Leave blank	If enrolled in HIP or HMO plan, enter "P." For all others, enter "A."
↓	↓	↓
Case Number		Category

CIN	Last Name	First Name	Sex	Date of Birth	Ins. Code	Cov. Code	SSN

If temporary Medicaid card (**LDSS-2831A**) is issued, please also give the Applicant/Participant _____
 From _____

How and Where to Apply for Medicaid

Cómo y Dónde Solicitar Seguro Médico Público

Medicaid 的申請方法和地點

Fason ak Kote Pou Aplike pou Medicaid

Comment et où déposer une demande d'adhésion au programme Medicaid

Jak i gdzie ubiegać się o Medicaid

申请 Medicaid 的方式和地点

Medicaid 신청 방법 및 장소

Как и где подать заявление на Medicaid

كيفية التقدم بطلب للحصول على تغطية Medicaid وأماكن التقديم

Medicaid এর জন্য কিভাবে এবং কোথায় আবেদন করতে হবে

Medicaid کے لیے کیسے اور کہاں درخواست دی جائے

Effective **January 1, 2014**, most consumers who are seeking Medicaid coverage will be **required** to apply through the **Marketplace**. While there are exceptions, the Medical Assistance Program will primarily only be able to continue to accept direct applications from consumers who are either age 65 or over, or who are disabled or blind. Marketplace applications can be submitted online at <https://nystateofhealth.ny.gov/> or by phone, by calling **855-355-5777**. The Medicaid Application, DOH-4220, used by the Medical Assistance Program, does **not** capture all information that the Marketplace needs.

If you are eligible to apply directly to the Medical Assistance Program, unable to visit an office yourself, a relative, friend or any person familiar with your situation may come in for you. If you have no representative, you may request a home interview. For an application packet or additional information, call the HRA Medicaid Helpline at **888-692-6116** or write to: Medical Assistance Program, Correspondence Unit, 785 Atlantic Avenue, 5th Floor, Brooklyn, N.Y. 11238.

See Pages 3 through 6 of this notice for a list of offices where you can apply and/or obtain assistance.

A partir del **1 de enero de 2014**, la mayoría de los consumidores que deseen obtener cobertura de Medicaid **tendrán** que solicitarla a través del **Marketplace**. Si bien hay algunas excepciones, el Programa de asistencia médica principalmente solo podrá continuar aceptando solicitudes directas de consumidores que sean mayores de 65 años o que tengan una discapacidad o sean ciegos. Las solicitudes al Marketplace pueden presentarse en línea en <https://nystateofhealth.ny.gov/> o por teléfono, llamando al **855-355-5777**. La solicitud de Medicaid, DOH-4220, que utiliza el Programa de asistencia médica, **no** captura toda la información que necesita el Marketplace.

Si es elegible para presentar una solicitud directamente al Programa de asistencia médica, y no puede visitar una oficina personalmente, un pariente, amigo o cualquier otra persona que esté familiarizada con su situación puede ir a la oficina en su representación. Si no tiene un representante, puede solicitar una entrevista a domicilio. Para solicitar un paquete de solicitud o para obtener más información, llame a HRA Medicaid Helpline al **888-692-6116** o escriba a: Medical Assistance Program, Correspondence Unit, 785 Atlantic Avenue, 5th Floor, Brooklyn, N.Y. 11238.

Consulte en las páginas 3 a 6 de este aviso una lista de las oficinas donde puede presentar una solicitud y/u obtener ayuda.

自 **2014 年 1 月 1 日** 起，多數欲投保 Medicaid 保險的客戶都必須透過 **Marketplace** 申辦。除偶有例外，醫療補助計劃 (Medical Assistance Program) 主要僅限於受理年滿 65 歲以上 (含 65 歲)、殘障或視障客戶的直接投保申請。Marketplace 投保申請可透過訪問網站 <https://nystateofhealth.ny.gov/> 提交，或撥打電話 **855-355-5777**。醫療補助計劃使用的 DOH-4220 Medicaid 申請書並不包含 Marketplace 所需的完整資訊。

如果您有資格直接向醫療補助計劃申辦，但無法親自到辦事處申辦，則您的親朋好友或熟悉您情況的任何人都可以代您申請。如果您沒有代理人，您可申請家庭訪談。如需申請資料或其他資訊，請撥打 **888-692-6116** 聯絡 HRA Infoline，或寫信到：Medical Assistance Program, Correspondence Unit, 785 Atlantic Avenue, 5th Floor, Brooklyn, N.Y. 11238。

請參閱本通知的第 3 頁到第 6 頁，取得您可以申辦和/或獲得協助的辦事處清單。

Apati **January 1, 2014**, pifò kliyan k ap chèche jwenn pwoteksyon Medicaid pral **gen obligasyon** pou aplike nan **Marketplace**. Menmsi gen kèk eksepsyon, Pwogram Èd Medikal ap kapab sitou kontinye aksepte aplikasyon dirèk kliyan ki gen swa laj 65 ane oswa plis, oswa ki andikape oswa ki avèg. Ou kapab soumèt aplikasyon Marketplace yo sou entènèt nan sitwèb <https://nystateofhealth.ny.gov/> oswa nan telefòn, depi ou rele **855-355-5777**. Aplikasyon Medicaid, DOH-4220, Pwogram Èd Medikal itilize a, **pa** pran tout enfòmasyon Marketplace bezwen yo.

Si ou kalifye pou aplike dirèkteman nan Pwogram Èd Medikal la, si ou pa kapab ale nan yon biwo poukont ou, yon manm fanmi, yon zanmi, oswa nenpòt moun ki byen konnen sityasyon ou ka vini pou ou. Si ou pa genyen reprezantan, ou kapab fè demann yon antrevi lakay ou. Pou jwenn yon pake aplikasyon oswa lòt enfòmasyon, rele HRA Infoline nan nimewo **888-692-6116** oswa voye yon lèt nan: Medical Assistance Program, Correspondence Unit, 785 Atlantic Avenue, 5th Floor, Brooklyn, N.Y. 11238.

Gade paj 3 jiska 6 avi sa a pou jwenn yon lis biwo kote ou kapab aplike epi/oswa jwenn èd.

Начиная с **1 января 2014 г.** большинству заявителей, которые обращаются за предоставлением страхового покрытия по программе Medicaid, **необходимо** будет обращаться через **Marketplace**. Программа Medical Assistance Program в дальнейшем будет напрямую принимать заявления, как правило, только от заявителей в возрасте 65 лет и старше, а также от инвалидов или незрячих. Заявления на Marketplace могут быть поданы через веб-сайт <https://nystateofhealth.ny.gov/> или по телефону **855-355-5777**. Форма заявления на получение Medicaid DOH-4220, которая используется в программе Medical Assistance Program, **не** охватывает всю информацию, необходимую для Marketplace.

Если вы имеете право напрямую подавать заявление в Medical Assistance Program, но не можете посетить офис самостоятельно, вместо вас может прийти родственник, друг или любое лицо, знакомое с вашей ситуацией. Если у вас нет представителя, вы можете попросить о собеседовании на дому. Чтобы получить пакет для подачи заявления или дополнительную информацию, звоните в справочную службу HRA Infoline по телефону **888-692-6116** или пишите по адресу: Medical Assistance Program, Correspondence Unit, 785 Atlantic Avenue, 5th Floor, Brooklyn, N.Y. 11238.

Список учреждений, где вы можете подать заявление и/или получить помощь, приведен на страницах с 3 по 6 данного уведомления.

2014 년 1 월 1 일부터 Medicaid 보장을 원하는 대부분의 소비자는 **Marketplace** 를 통해 **신청해야 합니다**. 의료 지원 프로그램(Medical Assistance Program)은 예외적으로 65세 이상 또는 장애인이나 시각 장애인인 소비자가 계속 직접 신청할 수 있습니다. Marketplace 신청서는 <https://nystateofhealth.ny.gov/>에서 온라인으로, 또는 **855-355-5777** 번을 통해 전화로 제출할 수 있습니다. 의료 지원 프로그램에서 사용하는 Medicaid 신청서인 DOH-4220 으로는 Marketplace 에서 필요로 하는 모든 정보를 담을 수 **없습니다**.

의료 지원 프로그램을 직접 신청할 수 있는 자격을 가지고 있고 본인이 사무소를 방문할 수 없는 경우에는 친척, 친구 또는 귀하의 상황을 잘 아는 개인이 대신 방문하셔도 됩니다. 대리인이 없을 경우, 가정 방문을 요청하실 수 있습니다. 신청서 패킷이나 자세한 정보가 필요하시면 HRA Infoline, **888-692-6116** 번으로 전화하거나 Medical Assistance Program, Correspondence Unit, 785 Atlantic Avenue, 5th Floor, Brooklyn, N.Y. 11238 로 서신을 보내 주십시오.

신청서를 제출하거나 지원을 요청할 수 있는 사무소 목록은 본 통지서 3 페이지부터 6 페이지까지를 참조하십시오.

اعتبارًا من **1 يناير 2014** سيتعين على معظم العملاء الذي يسعون للحصول على تغطية Medicaid التقدم بطلب عن طريق Marketplace وعلى الرغم من وجود استثناءات، فإن برنامج الدعم الطبي لن يتمكن بشكل أساسي من الاستمرار في قبول الطلبات المباشرة سوى من العملاء الذين يبلغون من العمر 65 عامًا أو أكثر أو المعاقين أو المكفوفين فقط. يمكن إرسال الطلبات الخاصة بـ Marketplace عبر الإنترنت على موقع <https://nystateofhealth.ny.gov/> أو عن طريق الهاتف، بالاتصال بالرقم **855-355-5777**. لا تحتوي استمارة الطلب DOH-4220 الخاصة بـ Medicaid، والتي يستخدمها برنامج الدعم الطبي، على كافة المعلومات التي يحتاج إليها Marketplace.

إذا كنت مؤهلاً للتقدم بطلب إلى برنامج الدعم الطبي مباشرة، ولكنك غير قادر على زيارة أحد المكاتب شخصيًا، يمكن لأحد الأقارب أو الأصدقاء أو أي شخص على دراية بحالتك الحضور نيابة عنك. إذا لم يكن لديك من يملك، يمكنك طلب عقد مقابلة منزلية. للحصول على مجموعة التقدم بطلب أو معلومات إضافية، اتصل بـ HRA Infoline على الرقم **888-692-6116** أو أرسل خطابًا إلى: 785 Atlantic Avenue, Medical Assistance Program, Correspondence Unit, 5th Floor, Brooklyn, N.Y. 11238.

انظر الصفحات من 3 حتى 6 من هذا الإخطار للاطلاع على قائمة بالمكاتب التي يمكنك التقدم بطلب من خلالها و/أو الحصول على مساعدة بها.

LIST OF MEDICAID OFFICES

LISTE DES BUREAUX MEDICAID **MEDICAID 辦事處一覽表** **MEDICAID دفاتر کی فہرست** **СПИСОК ОФИСОВ MEDICAID**
LISTA BIUR MEDICAID **LISTA DE OFICINAS MEDICAID** **MEDICAID অফিসের তালিকা** **LIS BIWO MEDICAID**
MEDICAID 办公室列表 **MEDICAID 사무소 목록** **تالیکا** **قائمة مكاتب**

BRONX	FORDHAM MEDICAID OFFICE 2541-2549 Bainbridge Avenue, 2 nd Floor (929) 252-3230	RIDER MEDICAID OFFICE 305 Rider Ave, 4 th Floor (718) 585-7872
BROOKLYN	BROOKLYN SOUTH MEDICAID OFFICE 785 Atlantic Avenue, 1 st Floor (929) 221-3502	EAST NEW YORK MEDICAID OFFICE 404 Pine Street, 2 nd Floor (929) 221-8204
	CONEY ISLAND MEDICAID OFFICE 3050 West 21 st Street, 3 rd Floor (929) 221-3790	TEMPORARILY CLOSED DUE TO COVID-19 PANDEMIC KINGS COUNTY HOSP. MEDICAID OFFICE 441 Clarkson Ave. "T" Bldg. Nurses' Residence, 1 st Floor (718) 221-2300/2301
MANHATTAN	CHINATOWN MEDICAID OFFICE 115 Chrystie Street, 5 th Floor (212) 334-6114	DYCKMAN COMMUNITY MEDICAID OFFICE 4055 10 th Avenue, Lower Level Monday to Friday 8:30 A.M. - 5:00 P.M. (212) 939-0207
QUEENS	QUEENS COMMUNITY MEDICAID OFFICE (Long Island City) 32-20 Northern Boulevard, 3rd Floor (718) 784-6729	JAMAICA COMMUNITY MEDICAID OFFICE 165-08 88 th Avenue, 8 th Floor (929) 252-3193
STATEN ISLAND	STATEN ISLAND MEDICAID OFFICE 215 Bay Street (929) 221-8823/8824	

NOTE: Offices are opened from 9:00 A.M. to 5:00 P.M. Monday through Friday.

NOTA: las oficinas están abiertas de 9:00 A.M. a 5:00 P.M. de lunes a viernes.

참고: 사무소는 월요일에서 금요일, 9:00 A.M. 에서 5:00 P.M. 까지 근무합니다.

ПРИМЕЧАНИЕ. Отделения работают с понедельника по пятницу с 9:00 A.M. до 5:00 P.M.

NÒT: Biwo yo louvri ant 9:00 A.M. ak 5:00 P.M. depi lendi jiska vandredi.

注意: 辦公室上班時間為週一到週五，上午 9:00 A.M.到 5:00 P.M.。

ملاحظة: تُفتح المكاتب من الساعة 9:00 A.M. إلى 5:00 P.M. من الإثنين إلى الجمعة.

REMARQUE : les bureaux sont ouverts du lundi au vendredi de 9 h à 17 h.

UWAGA: biura są czynne od 9:00 do 17:00, od poniedziałku do piątku.

注意: 办公室服务时间为星期一到星期五，上午 9:00 至下午 5:00。

দ্রষ্টব্য: অফিস সোমবার থেকে শুক্রবার সকাল 9:00 টা থেকে বিকাল 5:00 টা পর্যন্ত খোলা থাকে।

یاد رکھیں: دفاتر صبح 9:00 بجے سے شام 5:00 بجے تک پیر سے جمعہ تک کھلتے ہیں۔

NEW YORK CITY NAVIGATOR AGENCIES AGENCIAS DE ASESORÍA DE LA CIUDAD DE NUEVA YORK 紐約市輔導員機構 AJANS KONSEYE VIL NEW YORK КООРДИНАЦИОННЫЕ АГЕНТСТВА ГОРОДА НЬЮ-ЙОРКА 뉴욕시 상품검색담당자 대행기관 وكالات الإرشاد بمدينة نيويورك AGENCES-CONSEILS DE LA VILLE DE NEW YORK INSTYTUCJE NAWIGUJĄCE MIASTA NOWY JORK 纽约市指导员机构 নিউ ইয়র্ক সিটি নেভিগেটর সংস্থাগুলি نیو یارک سٹی نیوی گیٹر ایجنسیاں	TELEPHONE NUMBER NUMERO TELEFONO 電話號碼 NIMEWO TELEFÒN НОМЕР ТЕЛЕФОНА 전화번호 رقم الهاتف NUMÉRO DE TÉLÉPHONE NUMER TELEFONU 电话号码 টেলিফোন নম্বর تيليفون نمبر	CURRENT SERVICE AREA Area Actual de Servicio 目前服務地區 Zòn Sèvis Aktyèl Район обслуживания 현재 서비스 지역 منطقة الخدمة الحالية ZONE DE SERVICE ACTUELLE BIEŻĄCY OBSZAR USŁUG 当前服务范围 বর্তমান পরিষেবা ক্ষেত্র خدمت کا موجودہ میدان				
	Bronx	Brooklyn	Manhattan	Queens	Staten Island	
AMERICAN INDIAN COMMUNITY HOUSE	212- 598-0100	●	●	●	●	●
APICHA COMMUNITY HEALTH CENTER	866-274-2429			●		
ASIAN AMERICANS for EQUALITY	212-358-9922		●	●		
BRONX – LEBANON HOSPITAL CENTER	718- 992-7669	●				
BRONXWORKS	718-508-3040	●				
BROOKLYN ALLIANCE, INC.	718-875-9300		●			
BROOKLYN PERINATAL NETWORK, INC.	718-643-8258 Ext.13/Ext.21		●			
CENTER for the INDEPENDENCE of the DISABLED NEW YORK	646-442-4145			●	●	
COALITION for ASIAN AMERICAN CHILDREN and FAMILIES (CACF)	212-809-4675	●	●	●	●	
COMMUNITY HEALTH CENTER of RICHMOND, INC.	718-924-2254 Ext.211					●
COMMUNITY HEALTH PROJECT, INC.	212-271-7200 Ext.7800 212-271-7270	●	●	●	●	
COMMUNITY SERVICE SOCIETY of NEW YORK	888-614-5400	●	●	●	●	●
EMERALD ISLE IMMIGRATION SERVICES	718-478-5502 Ext.209				●	
HISPANIC FEDERATION	866-432-9832	●	●	●	●	●
JEWISH COMMUNITY CENTER of STATEN ISLAND	718-981-1400					●
JOSEPH P. ADDABBO FAMILY HEALTH CENTER	718-868 -8291		●		●	
KOREAN COMMUNITY SERVICES of METROPOLITAN NEW YORK	212-463- 9685 718-886-4126			●	●	
LAGUARDIA BUSINESS SERVICES at LAGUARDIA COMMUNITY COLLEGE	718-482-5493				●	
MAKE the ROAD NEW YORK	718-418-7690 (Brooklyn) 718-565-8500 (Queens) 718-727-1222 (Staten Island)		●		●	●

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		Bronx	Brooklyn	Manhattan	Queens	Staten Island
MANHATTAN CHAMBER of COMMERCE FOUNDATION	212-473-7805			•		
MORRIS HEIGHTS HEALTH CENTER, INC.	718-483-1260	•		•		
NADAP, INC.	212-986-1170			•		
NEW YORK WOMEN'S CHAMBER of COMMERCE	212-491-9640 Ext. 102/Ext.107			•		
NORTHERN MANHATTAN IMPROVEMENT CORPORATION	212-822-8341	•		•		
PUBLIC HEALTH SOLUTIONS	646-619-6400 Ext.4	•	•	•	•	
RETAIL ACTION PROJECT	646-490-5925			•		
SAFE SPACE NYC, INC.	718-526-2400				•	
SINGLE STOP USA	800-290-7189	•		•	•	
SOUTH ASIAN COUNCIL for SOCIAL SERVICES	718-321-7929			•	•	
STATEN ISLAND CHAMBER of COMMERCE	718-727-1900				•	
STRUCTURED EMPLOYMENT ECONOMIC DEVELOPMENT COROPATION (Seedco)	866-365-0916	•	•	•	•	
THE ACTORS FUND	917-281-5975			•	•	
THE LESBIAN, GAY, BISEXUAL & TRANSGENDER COMMUNITY CENTER	646-556-9300			•		
UNITED JEWISH ORGANIZATIONS of WILLIAMSBURG	718-643-9700			•		
WESTCHESTER COUNTY DEPARTMENT of HEALTH	914-813-5192 914-813-5088	•				
YELED V'YALDA EARLY CHILDHOOD CENTER, INC.	718-686-2188 718-686-2189			•	•	

<p>MEDICAID PARTICIPATING MANAGED CARE PLANS PLANES DE ATENCIÓN ADMINISTRADA PARTICIPANTES DE MEDICAID MEDICAID 參與的管理式醫療計畫 (MANAGED CARE PLAN) PLAN SWEN KONTWOLE MEDICAID K AP PATISIPE УЧАСТВУЮЩИЕ В ПРОГРАММЕ MEDICAID ПЛАНЫ КООРДИНИРОВАННОГО ОБСЛУЖИВАНИЯ MANAGED CARE MEDICAID 참여 의료 관리 플랜 (Participating Managed Care Plan) MEDICAID خطط الرعاية المدارة المشاركة التابعة لـ RÉGIMES DE SOINS GÉRÉS PARTICIPANT À MEDICAID PLANY OPIEKI ZARZĄDZANEJ UCZESTNICZĄCE W MEDICAID 参与 MEDICAID 的管理式照护计划 MEDICAID অংশগ্রহণকারী মেনেজড পরিচর্যা পরিকল্পনা MEDICAID میں شرکت کے انتظام شدہ منصوبہ جات نگہداشت</p>	<p>TELEPHONE NUMBER NUMERO TELEFONO 電話號碼 NIMEWO TELEFÒN НОМЕР ТЕЛЕФОНА 전화번호 رقم الهاتف NUMÉRO DE TÉLÉPHONE NUMER TELEFONU 电话号码 টেলিফোন নম্বর تیلیفون نمبر</p>	<p>CURRENT SERVICE AREA Area Actual de Servicio 目前服務地區 Zòn Sèvis Aktyèl Район обслуживания 현재 서비스 지역 منطقة الخدمة الحالية ZONE DE SERVICE ACTUELLE BIEŻĄCY OBSZAR USŁUG 当前服务范围 বর্তমান পরিষেবা ক্ষেত্র خدمت کا موجودہ میدان</p>				
		Bronx	Brooklyn	Manhattan	Queens	Staten Island
AFFINITY HEALTH PLAN	866-247-5678	●	●	●	●	●
EMBLEM HEALTH (formerly GROUP HEALTH INSURANCE/HIP HEALTH PLAN OF GREATER NY- GHI/HIP)	800-447-8255	●	●	●	●	●
HEALTHFIRST PHSP, INC.	866-463-6743	●	●	●	●	●
EMPIRE BLUECROSS BLUESHIELD HEALTHPLUS	888-809-8009	●	●	●	●	●
METRO-PLUS (METROPOLITAN HEALTH PLUS)	800-303-9626	●	●	●	●	●
NY STATE CATHOLIC HEALTHPLAN/FIDELIS	888-343-3547	●	●	●	●	●
UNITED HEALTHCARE COMMUNITY PLAN (formerly AMERCHOICE BY UNITED/ AMERCHOICE OF NY INC.)	800-493-4647	●	●	●	●	●
WELLCARE OF NY, INC.	800-308-2571 800-215-1531	●	●	●	●	●