

NYC™ Human Resources
Administration
Department of
Social Services

MAP-931y (E) 12/20/2024

CASE NAME	CASE NUMBER	CIN
ADDRESS		PHONE NUMBER

TO : Medical Assistance Program Centralized Surplus Unit	FAX NUMBER ➔ 917-639-0645	Number of pages including this letter_____
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[illegible]

Month(s) of Coverage Requested: _____

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 888-692-6116. 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.