

**NOTICE TO A LEGALLY RESPONSIBLE RELATIVE OF A
MEDICAID RECIPIENT**



MAP-2161b (E) 01/10/2024

DATE: _____

CASE NUMBER: _____

HOSPITAL ADMISSION DATE: _____

**If you have any questions, call the Medicaid Helpline at:
888-692-6116.**

Dear Consumer:

This is to advise you that a Medicaid case has been approved for: _____.

New York State Social Services Law SSL Section 366(3)(a) provides that if assistance (Medicaid) is furnished to an individual whose Legally Responsible Relative refuses to make their income and/or resources available for the cost of necessary medical care and services, an implied contract is created with the Legally Responsible Relative.

Recovery of the cost of necessary medical care and services from the Legally Responsible Relative may be pursued by the Human Resources Administration Office of Legal Affairs through the court of appropriate jurisdiction.

Supervisor	Location/Unit	Telephone Number

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.