

CNS Paragraph Form

Date: 10.14.2014

Program Area **03** (01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number **U0059**
Version Number **00002**
Effective Date **2014** (YYMMDD)
Title **Continue FPBP Unchanged**
Comment
Reason Code **C15**

We will continue Family Planning Benefit Program coverage unchanged for:

Name	Client I.D. #
Name	#
Name	#

This decision is based on Section 366 (1)(b)(6) of the Social Services Law.

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Continuaremos sin cambios la cobertura por parte del programa de beneficios de Planificacion Familiar para:

Nombre	No. del I.D. del Cliente
Nombre	#
Nombre	#

Esta decision se basa en la Seccion 366(1)(b)(6) de la Ley de Servicios Sociales.

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