

CNS Paragraph Form

Date: 12.22.2014

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	D0006	
Version Number	00002	
Effective Date	2015	(YYMMDD)
Title	Deny MA/FPBP, Unable to Locate	
Comment		
Reason Code	E60	

We have denied your application for Medicaid/Family Planning Benefit Program dated _____ for:

Name	Client I.D. #
Name	#
Name	#

This is because we have been unable to find you.

If however, you receive this notice and are still in need of Medicaid/Family Planning Benefit Program, please contact us.

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

~\S

Nosotros hemos rechazado su solicitud de la Medicaid/Programa de Planificacion Familiar fechada el _____ para:

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

Esto se debe a que nosotros no hemos podido encontrarle.

Sin embargo, si usted recibe esta notificacion y todavia necesita Medicaid/Programa de Planificacion Familiar, por favor pongase en contacto con nosotros.

Esta decision esta basada en la Seccion 366(1)(d)(1) de la Ley de Servicios Sociales.