

LDSS/HRA Request for Enrollment Activity

To:	New York Health Options	From County Office:	
Sender Name:		Pages:	
Sender Phone:		Date:	
		Renewals:	NY Health Options, PO Box 11670 Albany, NY 12211
Fax:	1-855-268-8240	FPBP:	NY Health Options, PO Box 11640 Albany, NY 12211

- **Complete a request coversheet FOR EACH CASE and place it before the Renewal/FPBP application and/or Documentation before mailing or faxing to NY Health Options (Mailing Address and Fax # listed above)**
- **Select a reason for your request FOR EACH CASE and enter the Case Number, Worker ID, Case Name and CIN.**

Select the reason for your request:

- Renewals:** Renewal Form, Documentation and/or Information for NY Health Options Processing
- Renewals:** Withdraw Case from HEART (Renewed by district, HH has 2 renewals: 1 at EC & 1 at LDSS, etc.)
- Renewals:** Reactivation Case (Cases that have **closed** within 30 days of Authorization End Date)
- FPBP:** Application/PE Screening Form, Documentation and/or Information for NY Health Options Processing
- FPBP:** NY Health Options to Process Returned CBIC

Provide Case Information:

Case No.	Worker ID:
Case Name	CIN

Comments:

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