

GUARDIAN ASSISTANCE NETWORK *
MEDICAID WORKSHOPS for ARTICLE 81 LAY GUARDIANS
2016 Winter- Spring Schedule

I. AN OVERVIEW OF NEW YORK STATE MEDICAID ELIGIBILITY

TOPICS: Who qualifies for Medicaid, how you could qualify, what is covered, and how to apply.

DATE: Tuesday, February 23, 2016
PLACE: Kings County Supreme Court
360 Adams Street
Brooklyn, New York 11201
Room: TBA upon registration
Time: 1:30 – 4:30pm

II. ACCESSING MEDICAID HOME CARE IN NEW YORK

TOPICS: Home care applications and appeals for Medicaid recipients, including recipients of both Medicaid and Medicare, and how to get help when homecare hours are denied, reduced or terminated. (Attendance at the NYS Medicaid Eligibility Workshop on February 23rd, listed above, is strongly recommended but not required.)

DATE: Tuesday, March 29, 2016
PLACE: Kings County Supreme Court
360 Adams Street
Brooklyn, New York 11201
Room: TBA upon registration
Time: 1:30 – 4:30pm

All workshops are offered free of charge, but pre-registration is required.

Please complete the attached Registration Form and send it to GAN either via Fax, e-mail or regular mail (no duplicates, please) to the following:

FAX: (212) 618-5856 or E-mail: GAN@nycourts.gov or

Mailing address: Guardian Assistance Network
360 Adams Street, Room 723
Brooklyn, New York 11201

For additional information please contact GAN by e-mail (above address) or call telephone number: (347) 296-1948 from 9:00 am – 5:00 pm.

* The Guardian Assistance Network is a program of the Unified Court System of the State of New York

**2016 Workshops for Article 81 Lay Guardians
Registration Form – Medicaid Eligibility Workshop**

Complete and return prior to the trainings by mail, email or fax to:

Guardian Assistance Network *
Kings County Supreme Court
360 Adams Street, Brooklyn, NY 11201
GAN@nycourts.gov
Phone: 347-296-1948 Fax: 212-618-5856

Guardian's Name (Print legibly)

County of Guardianship

Phone (best contact #)

E-mail (if available)

Name of Incapacitated Person (IP) or Ward

Index #

Workshop date: Tuesday, February 23, 2016

When were you appointed guardian? _____

When were you commissioned? _____

Where does the IP reside? _____
(ie. community, nursing home, assisted living, adult home)

Is the IP currently hospitalized? _____

Have you applied for Medicaid for the IP? _____

When? What was the result? _____

Select one:

____ Personal Needs Guardian only

____ Property Guardian only

____ Person and Property Guardian

____ Co-guardian – person only (another co-guardian of property)

____ Co-guardian – person and property

____ Co-guardian – property only (another co-guardian of person)

Age group of IP: Under 18 _____ 19 - 59 _____ 60+ _____

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Index #

Workshop date: Tuesday, March 29, 2016

When were you appointed guardian? _____

When were you commissioned? _____

What is the IP's current type of residence? _____
(ie. community (at home), nursing home, assisted living, adult home)

Is the IP currently hospitalized? _____

Have you previously applied for Medicaid for the IP? _____

When? What was the result? _____

Have you previously applied for homecare for the IP? _____

When? What was the result? _____

Select one:

____ Personal Needs Guardian only

____ Property Guardian only

____ Person and Property Guardian

____ Co-guardian – person only (another co-guardian of property)

____ Co-guardian – person and property

____ Co-guardian – property only (another co-guardian of person)

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