

Electronic Notice Request Form



Mail this form to:
HomeFirst c/o Command Direct
PO Box 18023
Hauppauge, NY 11788

Enrollee

Name: _____
Enrollee Full Name

Enrollee Number: _____
Member ID number

Instructions: Complete this form to ask HomeFirst to send Enrollee's First name's notices electronically.
You must select an electronic option in #1 and #2 below.

1. Instead of getting a notice by mail, I want HomeFirst to send me these notice by: ☐ Web Portal
2. Along with getting a notice by phone call, I want HomeFirst to send me these notices by: ☐ Web Portal
3. Instead of getting communications about my member handbook, my plan's provider directory, and changes to my Medicaid managed care benefits by mail, I want HomeFirst to send me these notices by: ☐ Web Portal

Contact Information: Enter your contact information for your choices above.

Mobile Phone: (____) _____ E-mail: _____

You can choose someone to represent you, like a family member, friend, or lawyer. If you want someone to represent you, let us know below.

- Have you authorized this person with HomeFirst before? ☐ Yes ☐ No
- Do you want this person to act for you for complaints, all steps of an appeal or fair hearing?
You can let us know if change your mind. ☐ Yes ☐ No

Designee Information (person you want to represent you)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: (____) _____ E-mail: _____

Enrollee Signature: _____ Date: _____

Designee Signature: _____ Date: _____

Notice Of Non-Discrimination

HomeFirst complies with Federal civil rights laws. HomeFirst does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HomeFirst provides the following:

- **Free aids and services to people with disabilities to help you communicate with us, such as:**
 - Qualified sign language interpreters
 - Written information in other formats (large print audio, accessible electronic formats, other formats)
- **Free language services to people whose first language is not English, such as:**
 - Qualified interpreters
 - Information written in other languages

If you need these services, call HomeFirst at **1-877-771-1119**. For TTY/TDD services, call **711**.

If you believe that HomeFirst has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with HomeFirst by:

Mail: 55 Water Street, 46th Floor, New York, NY 10041,

Phone: **1-877-326-9978** (for TTY/TDD services, call **711**)

In person: 55 Water Street, 46th Floor, New York, NY 10041,

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

Phone: **1-800-368-1019** (TTY/TDD **800-537**)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-877-771-1119 (TTY: 711).	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-771-1119 (TTY: 711).	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-771-1119 (TTY: 711)。	Chinese
مقر، ل صتا. ناجملا، لك، رفاوتة يوغلا ةدعاسملا تامدخ نإف، ةغاللا ركذا شذحتت تذك اذا: ةظوحام 1-877-771-1119 مكبلاو م صلا فتاه مقر(711)	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-877-771-1119 (TTY: 711) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-771-1119 (телетайп: 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-771-1119 (TTY: 711).	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-771-1119 (TTY: 711).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-771-1119 (TTY: 711).	French Creole
וּפ ירפ סעסיוורעס הליה ראפּש רייא ראפ נאהראפ נענעז, שידיא טדער ריא ביא: מאזקרעמפיוא לאצפא. טפור 1-877-771-1119 (TTY: 711).	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-771-1119 (TTY: 711).	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-771-1119 (TTY: 711).	Tagalog
লক্ষ্য কখনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন কখন ১-১-৮৭৭-৭৭১-১১১৯ (TTY: ৭১১)	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pag- esë. Telefononi net 1-877-771-1119 (TTY: 711).	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-771-1119 (TTY: 711).	Greek
یرک لاک - سیب بایتسد سیم تغم تامدخ کی ددم کی نابز وک پآ و، سیبے زلوب ودر پآ رگا: رادرخ 1-877-771-1119 (TTY: 711)	Urdu