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DIVISION: Office of Health Insurance Programs

GIS 09 MA/025

Local District Commissioners, Medicaid Directors TO:

FROM: Judith Arnold, Director

Division of Coverage and Enrollment

Financial Status Form (Farm or Business), DOH-4469

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Liaison

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The purpose of this General Information System (GIS) message is to advise social services districts that the attached Financial Status Form (Farm or Business) now has a Department form number, DOH-4469 (10/09). A previous version of this form has been in use for many years. The new DOH form is available on-line at: http://health.state.nyenet/revldssforms.htm. message will also review its uses.

Changes to the form include:

- The "Note" at the top of the form now includes some additional expenses that are not allowable deductions for public health insurance;
- The certification at the bottom of the form attesting to its truthfulness has been significantly strengthened.

It is appropriate to use this form in the following situations:

- When the applicant indicates that the business is new, and no federal tax return has yet been filed;
- When the applicant indicates that last year's tax return is not representative of the current year's earnings;
- When the applicant indicates that s/he does not file a tax return for the business.

Since this form reflects a three month financial snapshot of a business, it is appropriate to allow a loss in one month to offset a profit in another month. When using an annualized business record such as a tax return or an accountant's statement, a business loss is brought to zero, and cannot be used to reduce income from some other source.

NOTE: It is not necessary to require applicants to supply actual bills and receipts to substantiate the income and expense figures on the Financial Status Form. The applicant's certification on the bottom of the form, that the information on the form is true and correct, is sufficient.