

# Uniform Assessment System - New York Facesheet Report

*Person, Any*

*Date of Birth: 01/01/1950*

*Medicaid ID: BB12345G*

Name

First:

**Any**

Last:

**Person**

Gender:

**Male**

Date of birth:

**01/01/1950**

Marital status (for adults only):

**Married**

Social Security Number:

**787-78-7878**

Medicare eligibility:

**Active**

Medicaid eligibility:

**Yes**

Medicaid numbers

Medicaid number 1:

**BB12345G**