

## Request to Change Name and/or Gender in Human Resources Administration (HRA) Records

**Note: All sections below may be completed by either the client or staff on behalf of the client.**

**Section I – Current Case Information**

Case Name:	CIN:
Case Number or Social Security Number (optional):	Date of Submission:
Address:	

**Section II – Request (See Section/Item Number 3 of FAQ Sheet enclosed for explanation of terms.) You may request that we update your case details in WMS or in eMedNY, or in both**

<ul style="list-style-type: none"> <li>• Correct Gender In Case Record (<b>WMS</b>)</li> </ul>		<p style="text-align: center;"><b><u>I identify as...</u></b></p> <p style="text-align: center;"><input type="checkbox"/> Female    <input type="checkbox"/> Male</p>
<ul style="list-style-type: none"> <li>• Remove all gender restrictions on health coverage under Medicaid (apply <b>eMedNY</b> code)?</li> </ul>		<p style="text-align: center;"><b><u>Yes. I identify as....</u></b></p> <p style="text-align: center;"><input type="checkbox"/> Female (eMedNY Code G1) <input type="checkbox"/> Male (eMedNY Code G2)</p>
<ul style="list-style-type: none"> <li>• Change Name</li> </ul> <p style="margin-left: 20px;">From: _____ To: _____</p>		
Client's or Authorized Representative's Signature:		

**Section III – Document(s) You Are Submitting** (Check All That Apply In The First Column)

**See Section/Item Number 1 and 2 of FAQ Sheet enclosed for explanation of documents we can accept. Do not mail original documents.** Make sure the copy you send is readable and complete.

You must submit at least one document that supports each the gender correction and the name change that you are requesting. Look for a checkmark (√) in either/both of the last two columns.

**The listed Document Types are valid as proof to support the following:**

Document Type	Gender Correction	Name Change
<input type="checkbox"/> Birth Certificate /Amended Birth Certificate	√	√
<input type="checkbox"/> Court Order		√
<input type="checkbox"/> NYS Driver's License	√	√
<input type="checkbox"/> NYS Non-Driver ID	√	√
<input type="checkbox"/> Letter from Social Security Administration	√	√
<input type="checkbox"/> Medical Note	√	
<input type="checkbox"/> Marriage License		√
<input type="checkbox"/> Passport	√	√

**Note to staff: Remember to include the FAQ Sheet referenced in Sections II and III above.**

**If you have any questions, call the HRA InfoLine at (718) 557-1399.**