

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

Client 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 any or all of the following changes be made to your case. Check (☑) what changes you want.

<input type="checkbox"/> Correct Gender In Case Record (WMS)		<p style="text-align: center;"><u>I identify as...</u></p> <input type="checkbox"/> Female <input type="checkbox"/> Male
<input type="checkbox"/> Remove all gender restrictions on health coverage under Medicaid * <small>* Note that this code will be viewable to providers in the billing system</small>		<p style="text-align: center;"><u>I identify as....</u></p> <input type="checkbox"/> Female (eMedNY Code G1) <input type="checkbox"/> Male (eMedNY Code G2)
<input type="checkbox"/> Change Name From: _____ To: _____		
Client's or Authorized Representative's Signature:		
Authorized Representative Name (print):		

See next page

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.