

**LEGAL
ACTION
CENTER**

www.lac.org

Legal Action Center and
Empire Justice Center and AIDS Care
are pleased to announce a new
training for HIV service providers

Medicaid 101 - Health Care Programs for People with HIV

Training Location:

AIDS Care
259 Monroe Avenue
Rochester, NY

Trainer:

Geoffrey Hale, J.D.
Empire Justice Center

Registration Information:

Registration is required, as space is limited. Please email or fax your registration to
The Legal Action Center:
Attention: Jessica Ramos
Phone: 1-800-223-4044
Fax: 1-212-675-0286
jramos@lac.org

You may also register online at www.lac.org. Click on Trainings & Workshops!

Light refreshments will be provided.



www.empirejustice.org

March 30, 2010

9:30 am - 11:30 am

Rochester, New York

Medicaid 101: Health Care Programs for People with HIV

This training will provide case managers and other client advocates with basic information about the public health care programs in New York State that are key for people living with HIV/AIDS, including Medicaid, ADAP, Child Health Plus and Family Health Plus. Topics will include eligibility criteria, fair hearings and some of the common barriers and obstacles clients face when trying to access health care services. This training will prepare participants to apply eligibility criteria, identify potential legal issues, present legal references to county workers and make referrals to legal services when necessary.

Training co-sponsor:



www.acRochester.org

This training is presented as part of a new AIDS Institute funded initiative presenting a broad array of legal topics to HIV service providers across New York State. Please consult the training calendar or call the Legal Action Center for news on additional, upcoming topics.

REGISTRATION FORM

Registration deadline is March 25, 2010

- I/We will attend the Empire Justice Center / Legal Action Center Training on Tuesday, March 30th.
“Medicaid 101—Health Care Programs for People with HIV”

Name: _____

Organization/Affiliation _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

- Please confirm my registration and send me directions to this training via:
 Mail E-mail Fax

Medicare 101—Health Care Programs for People with HIV March 30, 2010

Demographic information: Please return this form along with registration!
****This information is required by the AIDS Institute. Thank you.***

NAME: _____

Please print or type clearly

PRIMARY WORK SETTING

- Family Planning/PCAP
- Health Center
- CBO/Community Agency
- Alcohol/Drug Treatment Program
- Non-Institutional Nursing Services
- Child Welfare Services/Foster Care
- Health Department
- Educational Institution
- AIDS Treatment Center
- EMS/Police/Fire
- Correctional Facility/Jail
- Mental Health Services
- Hospital
- Physician's Office/Lab
- Nursing Home/Adult Day Care
- Other

PRIMARY OCCUPATION

- COBRA – CM/CMT
- COBRA - CFW
- Social Worker/Case Manager
- Community Educator/Outreach Worker
- Nurse
- Administrator
- Nurse Practitioner/Physician's Assistant
- Teacher/Trainer/Student
- HIV Test Counselor
- Physician
- MR/MH Worker
- Criminal Justice/Law Enforcement
- Counselor/Therapist
- Emergency Personnel
- Domestic Violence Provider

EDUCATION LEVEL

- Less than 12 Years of Education
- High School/GED
- College
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- Graduate Degree

ETHNICITY

- Hispanic or Latino(a)
- Not Hispanic or Latino(a)

NUMBER OF YEARS IN CURRENT OCCUPATION

- 0 - 1
- 2 - 4
- 5 - 7
- More than 8

WHAT COUNTY DO YOU WORK IN THE MOST?

RACE

- American Indian or Native Alaskan
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White