



ORDER FORM

Date			
Name of Application Ctr.		Application Ctr. #	
Street Address (No P.O. Boxes)		AC Telephone #	
City, State, Zip		AC Fax #	
Contact Person		Direct phone #	

Indicate the quantity of PACKS being requested below.

# of PACKS Req.	# per PACK (pk)	DOCUMENT NAME	# of PACKS Req.	# per PACK (pk)	DOCUMENT NAME
	50	1-CH LaCHIP (flyer & application)		100	Flyer – F&F Friends and Family Transportation Program
	50	1-FOA Family Opportunity Act (flyer & application)		100	Flyer – La.’s Medicaid Program
	50	1-FP TAKE CHARGE Family Planning (flyer & application)		100	Flyer—Medical Services
	100	1-G General Application (application only)		100	Flyer – NEMT Non-emergency transportation program
	50	1-MB Medicare Savings Program (flyer & application)		200	Flyer—7 Program Summary
	50	1-MPP Medicaid Purchase Plan (flyer & application)		100	Flyer – WIC 43 –WIC flyer
	50	1-PW LaMoms (flyer & application)		100	WIC – 38 WIC Outreach Services
	50	HIPAA 101P – Notice of Privacy			

Email Order form to: ACService@la.gov

Or Fax to: (225) 376-4736

Any questions regarding ordering forms should be directed to the
Medicaid Application Center Unit: (225) 342-0462.