



State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
PO Box 712  
TRENTON, NJ 08625-0712

JAMES E. MCGREEVEY  
Governor

JAMES W. SMITH, JR.  
Acting Commissioner  
DEBORAH C. BRADLEY  
Acting Director  
TELEPHONE 1-800-356-1561

MEDICAID COMMUNICATION NO: 02-10

DATE: February 22, 2002

TO: County Welfare Agency Directors

SUBJECT: Required Spanish Sentence In All Future Client Communication

As stated in MEDICAID COMMUNICATION NO: 01-26, all Fair Hearing Request forms are to include the following sentence: **Importante: Si usted no entiende este aviso, pongase en contacto con un representante de esta oficina \_\_\_\_\_.** This sentence advises Spanish-speaking clients to contact your office if they have questions regarding the process.

Please be advised that all client letters that are not prepared in Spanish are to include this Spanish sentence and the appropriate phone number where clients' questions can be answered.

Questions concerning this communication should be referred to the field staff assigned to your county.

Sincerely,

Deborah C. Bradley  
Acting Director

DCB:lp

c: Clifton R. Lacy, Acting Commissioner  
William Conroy, Deputy Commissioner  
Department of Health and Senior Services

David C. Heins, Director  
Division of Family Development

Charles Venti, Director  
Division of Youth and Family Services