



**Needed In Home Medical**  
Department of Social Services  
Division of Family Independence | SNAP, CED  
B-4183 (10/2025)

Return This Medical By	
<b>TO BE COMPLETED BY WORKER</b>	
Client Name	Case Type <input type="checkbox"/> SN <input type="checkbox"/> TANF <input type="checkbox"/> SN MOE <input type="checkbox"/> SNAP
Address	
Case Number	CIN
Worker Name	Worker Phone Number
Patient Name	
<b>TO BE COMPLETED BY PHYSICIAN</b>	
Patient Name	DOB
Address	
Relationship of Patient to Client	
Medical Condition of Patient (Please be specific)	
Is the above-named client needed in the home during normal day work hours to care for the patient listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the above-named client the only appropriate and available person to provide this care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Estimated Duration of Need in the Home, please check appropriate box: <input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 7-11 months <input type="checkbox"/> 12+ months <input type="checkbox"/> permanent	
If Yes, Please Give Reasons for Need in Home. Include Tasks Client Must Perform for Patient.	
Physician Signature	Date
Physician Name Printed	Phone Number
Physician Address	Fax Number
<b>PLEASE FORWARD COMPLETED FORM TO</b>	
Erie County Department of Social Services	
<input type="checkbox"/> CED – 290 Main St., 7 <sup>th</sup> Floor, Buffalo, 14202	Fax: (716) 858-1012
<input type="checkbox"/> CED – 290 Main St., 10 <sup>th</sup> Floor, Buffalo 14202	Fax: (716) 858-1065
<input type="checkbox"/> CED– 290 Main St., 9 <sup>th</sup> Floor, Buffalo 14202	Fax: (716) 858-1090
<input type="checkbox"/> MAAT – 158 Pearl St., Rm. 210, Buffalo 14202	Fax: (716) 858-1316
<input type="checkbox"/> ECWC-EMP. – 158 Pearl St., Rm. 210, Buffalo 14202	Fax: (716) 858-2168
<input type="checkbox"/> SNAP – 95 Franklin, Buffalo 14202	Fax: (716) 858-8193
<input type="checkbox"/> Other:	Fax: (716) 858-