



State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

ADMINISTRATIVE OFFICES  
QUAKERBRIDGE PLAZA—BUILDING 5 & 7 & 12  
QUAKERBRIDGE ROAD  
TRENTON, NEW JERSEY 08619

ADDRESS REPLY TO:  
CN-712  
TRENTON, NEW JERSEY 08625

MEDICAID COMMUNICATION NO. 88-27

DATE: August 26, 1988

TO: County Welfare Agency Directors

SUBJECT: JerseyCare Name and Program Materials

As you know, Medicaid may no longer legally use the name JerseyCare. As a result, the program has been renamed and is now called New Jersey Care ...Special Medicaid Programs.

Effective immediately, the distribution or display of all program materials bearing the name JerseyCare is to cease and all brochures, posters and fact sheets bearing the name JerseyCare are to be destroyed. We will send you updated program materials as soon as they are available.

Please fill out the enclosed form as soon as possible to expedite our reorder plan and to allow us to plan for future printing needs. Return the completed order form to the Office of Program Development. The address is on the form.

If you would like further information, Ms. Bernice Cutler of my staff can be reached at (609) 588-2824. We hope this request will not inconvenience you and thank you in advance for your cooperation.

Sincerely yours,

Thomas M. Russo, Director  
Division of Medical Assistance and  
Health Services

TMR:Cm  
Enclosure

ORDER FORM  
NEW JERSEY CARE...SPECIAL MEDICAID PROGRAMS

Please send a fact sheet for the

Maternal and Child Health Program \_\_\_\_\_

Aged, Blind and Disabled Program \_\_\_\_\_

Also send these materials: (indicate number needed)

Maternal and Child Health Program

\_\_\_\_\_ Brochures

\_\_\_\_\_ Posters

\_\_\_\_\_ Brochures in Spanish

Aged, Blind and Disabled Program

\_\_\_\_\_ Brochures

\_\_\_\_\_ Posters

\_\_\_\_\_ Brochures in Spanish

Please send the above materials to: (Please type or print)

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address City Zip

( )  
\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Agency Director's Signature

MAIL TO:

Office of Program Development  
5 Quakerbridge Plaza Room 311  
CN 712  
Trenton, New Jersey 08625

Attention: Ms. Bernice Cutler