



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: April 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012658

[REDACTED]

Dear [REDACTED],

On February 14, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 7, 2016 eligibility determination notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: April 3, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000012658

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine you were eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective November 1, 2016?

## Procedural History

On April 6, 2016, NY State of Health (NYSOH) issued an eligibility determination notice, based on your April 5, 2016 updated application, stating you were eligible for Medicaid for the treatment of emergency medical conditions only, effective April 1, 2016. The notice further stated you were only eligible for emergency medical care services because you were not a citizen, qualified alien, or permanently residing in the United States under color of law (PRUCOL).

Also on April 6, 2016, NYSOH issued an enrollment confirmation notice stating you were enrolled in a Medicaid Program; however, the type of Medicaid coverage you were eligible for did not require/ allow you to enroll in a health plan.

On April 26, 2016, NYSOH issued an eligibility determination notice, based on your April 25, 2016 updated application, stating you were conditionally eligible for Medicaid, effective April 1, 2016. The notice directed you to provide documentation to confirm your citizenship status before July 24, 2016 or you might be found ineligible for health insurance or for less help paying for your health coverage.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

Also on April 26, 2016, NYSOH issued a notice of enrollment confirmation stating you were enrolled in a Medicaid Managed Care plan, effective June 1, 2016.

On May 18, 2016, NYSOH issued an eligibility determination notice, based on your May 17, 2016 updated application, stating you were eligible to enroll in the Essential Plan for a limited time, effective June 1, 2016. The notice indicated you qualified for the Essential Plan because you were within the first five years of your qualified immigration or because you were PRUCOL. The notice further stated NYSOH was checking federal data sources to confirm your immigration status.

Also on May 18, 2016, NYSOH issued a notice of enrollment confirmation stating you were enrolled in the Essential Plan, effective June 1, 2016.

Additionally, on May 18, 2016, NYSOH issued a notice of cancellation stating your Medicaid Managed Care plan was terminated, effective June 1, 2016, because you were no longer eligible to remain enrolled in the plan.

On May 26, 2016, NYSOH issued an eligibility determination notice, based on a May 25, 2016 systematic redetermination, stating you were eligible to enroll in the Essential Plan for a limited time, effective June 1, 2016. The notice directed you provide proof of your immigration status by August 23, 2016 to confirm your eligibility or you might be found ineligible for health insurance or for less help paying for your health coverage.

On June 2, 2016, NYSOH issued an eligibility determination notice, based on a June 1, 2016 systematic redetermination, stating you were eligible to enroll in the Essential Plan for a limited time, effective July 1, 2016. The notice directed you provide proof of your immigration status by August 30, 2016 to confirm your eligibility or you might be found ineligible for health insurance or for less help paying for your health coverage.

On June 4, 2016, NYSOH issued a notice of eligibility determination, based on a June 3, 2016 systematic redetermination, stating you were eligible for Medicaid for the treatment of emergency medical conditions only, effective June 1, 2016. The notice further stated you were only eligible for emergency medical care services because you were not a citizen, qualified alien, or PRUCOL.

Also on June 4, 2016, NYSOH issued an enrollment confirmation notice stating you were enrolled in a Medicaid Program; however, the type of Medicaid coverage you were eligible for did not require/allow you to enroll in a health plan.

Additionally, on June 4, 2016, NYSOH issued a notice of cancellation stating your Essential Plan was terminated, effective July 1, 2016, because you were no longer eligible to remain enrolled in the plan.

On June 9, 2016, NYSOH issued an eligibility determination notice, based on a June 8, 2016 systematic redetermination, stating you remained eligible for Medicaid for the treatment of emergency medical conditions only, effective June 1, 2016.

On August 12, 2016, NYSOH issued an eligibility determination notice, based on your August 11, 2016 updated application for health insurance, stating you were conditionally eligible for Medicaid, effective August 1, 2016. The notice directed you to provide proof of your immigration status by November 9, 2016 or you might lose your insurance or receive less help paying for your coverage.

Also on August 12, 2016, NYSOH issued a notice of enrollment confirmation stating you were enrolled in a Medicaid Managed Care plan, effective September 1, 2016.

On September 21, 2016, NYSOH issued a notice of eligibility determination, based on a September 20, 2016 systematic redetermination, stating you were eligible for Medicaid for the treatment of emergency medical conditions only, effective November 1, 2016. The notice further stated you were only eligible for emergency medical care services because you were not a citizen, qualified alien, or PRUCOL.

Also on September 21, 2016, NYSOH issued an enrollment confirmation notice stating you were enrolled in a Medicaid Program; however, the type of Medicaid coverage you were eligible for did not require/allow you to enroll in a health plan.

Additionally, on September 21, 2016, NYSOH issued a notice of cancellation stating your Medicaid Managed Care plan was terminated, effective October 31, 2016, because you were no longer eligible to remain enrolled in the plan.

On October 7, 2016, NYSOH issued an eligibility determination notice, based on your September 28, 2016 updated application, stating you remained eligible for Medicaid for the treatment of emergency medical conditions only, effective November 1, 2016. The notice further stated you were only eligible for emergency medical care services because you were not a citizen, qualified alien or PRUCOL.

On October 19, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as you were not found fully eligible for Medicaid.

On February 14, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## Findings of Fact

A review of the record supports the following findings of fact:

- 1) Your initial application for health insurance through NYSOH was submitted on February 5, 2015 listing a citizenship/immigration status of "Other". At this time, you also submitted a copy of your passport from the [REDACTED] with an expiration date of February 5, 2015 [REDACTED]. Based on this information, NYSOH determined you eligible for Medicaid for the treatment of emergency medical conditions only.
- 2) On April 25, 2016, NYSOH received an updated application for health insurance submitted on your behalf indicating your immigration/citizenship status was "US Citizen". Based on this information, NYSOH determined you conditionally eligible for Medicaid, effective April 1, 2016, and directed you to submit documentation to confirm your citizenship status before July 24, 2016.
- 3) You enrolled in a Medicaid Managed Care plan, effective June 1, 2016.
- 4) On May 13, 2016, a copy of your expired United States Visa (January 1, 2012) was uploaded to your NYSOH account ([REDACTED]). This document was determined an invalid proof of your immigration status on May 17, 2016 because it had expired.
- 5) On May 17, 2016, you contacted NYSOH and your application was updated to indicate your citizenship / immigration status was "Immigrant Non-Citizen" and your immigration documentation type was "I-94 Arrival/Departure Record". Based on this information NYSOH determined you were eligible to enroll in the Essential Plan for a limited time while NYSOH checked federal data sources to confirm your immigration status.
- 6) You enrolled in the Essential Plan as of June 1, 2016. As a result, your Medicaid Managed Care plan enrollment, set to begin June 1, 2016, was cancelled.
- 7) On May 24, 2016, a copy of an I-94 Departure Record stamped August 2002 was uploaded to your NYSOH account ([REDACTED]). This document was determined an invalid proof of your immigration status by NYSOH on May 26, 2016 because it had expired.
- 8) On May 25, 2016, a copy of an expired (January 1, 2015) Form-G845 Document Verification request from the US Citizenship and Immigration Services was uploaded to your NYSOH account ([REDACTED]).

- 9) On June 3, 2016, NYSOH systematically redetermined your eligibility based on the information and documentation you submitted. You were determined eligible for Medicaid for the treatment of emergency medical conditions only, effective June 1, 2016, because you had not submitted sufficient documentation to prove you had a satisfactory immigration status.
- 10) The Essential Plan you enrolled in that was to become effective June 1, 2016, was cancelled as a result of this eligibility determination.
- 11) On August 9, 2016, a copy of your unexpired (September 2, 2020) passport from the [REDACTED] was uploaded to your NYSOH account ([REDACTED]).
- 12) On August 11, 2016, an updated application for health insurance was submitted on your behalf listing your immigration/ citizenship status as "Non-Immigrant Visa Holder" and indicating your immigration documentation type was "I-94 Arrival/ Departure Record". Based on this information, NYSOH determined you conditionally eligible for Medicaid, effective August 1, 2016. You were directed to provide proof of your immigration status by November 9, 2016.
- 13) You enrolled in a Medicaid Managed Care plan, effective September 1, 2016.
- 14) On September 20, 2016, NYSOH systematically redetermined your eligibility based on the information and documentation you submitted. You were determined eligible for Medicaid for the treatment of emergency medical conditions only, effective November 1, 2016, because you had not submitted sufficient documentation to prove you had a satisfactory immigration status.
- 15) Your Medicaid Managed Care plan was terminated, effective October 31, 2016, as a result of this eligibility determination.
- 16) You testified, and your account confirms, you have been unable to enroll in a health plan with NYSOH since November 1, 2016.
- 17) You testified your current immigration status is that of an undocumented immigrant.
- 18) You testified you have submitted all documentation of your immigration status in your possession to NYSOH.

- 19) Your account indicates you submitted an expired U.S. Visa, an I-94 Departure Form with an August 2002 stamp, an expired Form-G845, and a current Passport from the [REDACTED].
- 20) You testified you do not have a current U.S. Visa and you cannot reapply for a new one because of your immigration status.
- 21) You testified you have lived in New York for 15 years.
- 22) You testified you currently reside in [REDACTED] with a family friend and you intend to remain in New York as long as possible. You testified you do not intend to move out of New York State.
- 23) You testified, and your applications indicates, you have no income.
- 24) Your account indicates, you have been enrolled in emergency Medicaid only with NYSOH since February 2015, except for the months of September and October 2016, when you were permitted to enroll in a Medicaid Managed Care plan while NYSOH investigated your immigration status.
- 25) You testified you are seeking full Medicaid eligibility because you are sick and you cannot afford to pay for medical treatment.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Immigration Status and Eligibility

Generally, no person except a United States citizen, a naturalized citizen, a qualified alien, and persons permanently residing in the United States under color of law (PRUCOL), is eligible for medical assistance from the state (NY Social Services Law § 122(1); 18 NYCRR § 360-3.2(j)).

The term *qualified immigrant* includes the following categories of aliens:

- (a) refugees admitted under section 207 of the Immigration and Nationality Act;
- (b) asylees granted asylum under section 208 of the Immigration and Nationality Act;
- (c) aliens whose deportation was withheld under section 241(b)(3) or 243(h) of the Immigration and Nationality Act;
- (d) Cuban and Haitian entrants (as defined in section 501[e] of the Refugee Education Assistance Act of 1980), including all Cuban or Haitian parolees;



- (e) aliens admitted into the United States as Amerasian immigrants as described in section 402(a)(2)(A)(v) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C. section 1612[a][2][A][v]);
  - (f) aliens lawfully admitted for permanent residence in the United States;
  - (g) aliens paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act for a period of at least one year, except Cuban or Haitian parolees;
  - (h) aliens granted conditional entry into the United States under section 203(a)(7) of the Immigration and Nationality Act;
  - (i) battered spouses and dependents meeting the criteria of section 431(c) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C. section 1641[c]);
  - (j) aliens on active duty, other than active duty for training, in the United States Armed Forces or who are veterans who have received a discharge characterized as honorable and not on account of alienage, or the spouse, unremarried surviving spouse or unmarried dependent child of any such alien;
  - (k) Canadian born Native Americans;
  - (l) Native Americans belonging to a federally recognized tribe who were born outside the United States; and
  - (m) victims of a severe form of trafficking under section 107(b) of the Trafficking Victims Protection Act of 2000 (P.L. 106-386).
- (18 NYCRR § 360-3.2(j)(1)(ii)).

The term PRUCOL means an alien who is residing in the United States with the knowledge and permission or acquiescence of the federal immigration agency and whose departure from the U.S. such agency does not contemplate enforcing. An alien will be considered as one whose departure the federal immigration agency does not contemplate enforcing if, based on all the facts and circumstances in a particular case, it appears that the federal immigration agency is otherwise permitting the alien to reside in the United States indefinitely or it is the policy or practice of such agency not to enforce the departure of aliens in a particular category (18 NYCRR § 360-3.2(j)(1)(ii)).

### Emergency Medicaid

In some cases, Medicaid will pay for emergency medical treatment for a person who does not have evidence of citizenship or immigration status, even if the person cannot get full Medicaid coverage (NY Soc. Serv. Law § 122(1)(e); 18 NYCRR § 360-3.2(j)(3)(ii)(a)).

The term “emergency medical condition” means:

A medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- (a) Placing the patient's health in serious jeopardy;
- (b) Serious impairment of bodily functions; or
- (c) Serious dysfunction of any bodily organ or part

(42 CFR § 435.930(c)).

To get treatment for an emergency medical condition, an undocumented alien who is not a temporary non-immigrant must meet all of the other Medicaid eligibility requirements, including proof of identity, income, and State residence (GIS 13 MA/09: Changes to Medicaid Coverage for the Treatment of an Emergency Medical Condition, (2/25/2013)).

## Legal Analysis

The issue on appeal is whether NYSOH properly determined you were eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective November 1, 2016.

The October 7, 2016 eligibility determination notice at issue stated you were eligible for Medicaid for the treatment of emergency medical conditions only, effective November 1, 2016, because you were not a citizen, qualified alien or PRUCOL.

Your NYSOH account confirms you submitted, as proof of your immigration status, a U.S. Visa expired in 2012, an I-94 Departure Form with an August 2002 stamp, an expired Form-G845, and a current Passport from the [REDACTED]. You testified you are unable to apply for a new US Visa because of your immigration status. You further testified you have submitted all documentation of your immigration status in your possession to NYSOH. Finally, you testified your current immigration status is that of an undocumented immigrant.

To be eligible for full Medicaid benefits through NYSOH, you must have documents demonstrating your citizenship or satisfactory immigration status.

The record establishes you are not a United States citizen nor a naturalized citizen. Additionally, there is no evidence to suggest you are a *qualified alien* as defined by the above cited regulations. Similarly, the documentation you submitted was insufficient to establish you are PRUCOL.

The term PRUCOL means an alien who is residing in the United States with the knowledge and permission or acquiescence of the federal immigration agency and whose departure from the U.S. such agency does not contemplate enforcing. All of the documentation you submitted that was issued by the United States federal government was expired. Accordingly, you failed to provide proof you are

currently residing in the United States with the knowledge and permission or acquiescence of the federal immigration agency. As such, NYSOH properly determined you were not eligible for full Medicaid coverage.

However, Medicaid will pay for emergency medical treatment for a person who does not have evidence of citizenship or immigration status, even if the person cannot get full Medicaid coverage, if the applicant meets all of the other Medicaid eligibility requirements. You testified, and your applications indicate, you have no household income. You have submitted sufficient proof of your identity.

Additionally, you credibly testified that you currently reside in [REDACTED] and you intend to remain in New York indefinitely. Accordingly, you satisfy the requirements to receive emergency Medicaid.

Therefore, the October 7, 2016 eligibility determination notice stating you were eligible for Medicaid for the treatment of emergency medical conditions only, effective November 1, 2016, because you were not a citizen, qualified alien or PRUCOL, is correct and is AFFIRMED.

## **Decision**

The October 7, 2016 eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** April 3, 2017

## **How this Decision Affects Your Eligibility**

You are not eligible for full Medicaid coverage because you did not submit satisfactory documentation establishing you are PRUCOL.

You remain eligible for Medicaid coverage for the treatment of emergency medical conditions only.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

### **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The October 7, 2016 eligibility determination notice is AFFIRMED.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

You are not eligible for full Medicaid coverage because you did not submit satisfactory documentation establishing you are PRUCOL.

You remain eligible for Medicaid coverage for the treatment of emergency medical conditions only.

### **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**



## Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### 中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### 中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

### Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

### 한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

### Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

### العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

### বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

## **Français (French)**

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

## **हिंदी (Hindi)**

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

## **日本語 (Japanese)**

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

## **नेपाली (Nepali)**

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

## **Polski (Polish)**

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

## **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

## **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

## **אײַדיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אײך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.