



# Paid Family Leave

# MATERIALS ORDER FORM

Please complete the address label. Be sure to print clearly.  
 ALL orders must include a street address.  
 Bulk orders will not be delivered to post office boxes.  
 To place an order, please send an email to:  
**B0019W@health.ny.gov**

Or complete the attached form and send your request to:  
**PUBLICATIONS**  
**NYSDOH Distribution Center**  
**PO Box 343**  
**Guiderland, NY 12084**

TITLE		Language	Publication #	Circle Quantity				
 <p>Welcoming a Child into Your Family?</p>	 <p>¿Recibirá a un niño en su familia?</p>	English	20301	1	5	10	25	50
		Spanish	20302	1	5	10	25	50
 <p>Paid Family Leave – Welcoming a Child into Your Family</p>	 <p>¿Recibirá a un niño en su familia?</p>	English	20303	1	5	10	25	50
		Spanish	20304	1	5	10	25	50
 <p>Paid Family Leave – Need Time Off to Care for a Family Member?</p>	 <p>¿Necesita tiempo libre del trabajo para manejar asuntos relacionados con el despliegue de un miembro de la familia?</p>	English	20305	1	5	10	25	50
		Spanish	20306	1	5	10	25	50
 <p>Paid Family Leave – Need Time Off to Care for a Family Member?</p>	 <p>¿Necesita faltar al trabajo para cuidar a un miembro de su familia?</p>	English	20307	1	5	10	25	50
		Spanish	20308	1	5	10	25	50
 <p>Paid Family Leave – Need Time Off to Care for a Family Member?</p>	English	20309	1	5	10	25	50	
	Chinese (Simplified)	20311	1	5	10	25	50	
	Russian	20312	1	5	10	25	50	
	Korean	20313	1	5	10	25	50	
	Italian	20314	1	5	10	25	50	
	Haitian Creole	20315	1	5	10	25	50	

MAILING LABEL	
NAME	DATE / /
ORGANIZATION (if applicable)	
STREET ADDRESS	
CITY, STATE, ZIP CODE	