

DSS Client ID _____

W-416
(Rev. 6/13)

NOTIFICATION OF NEWBORN

TO: THE DEPARTMENT OF SOCIAL SERVICES

1. Mother's Information - To be completed by hospital official.

Last Name _____ First Name _____ Date of Birth _____

Address _____ SSN _____

Is this mother an active Medicaid recipient? ☐ Yes ☐ No If Yes, DSS Client ID # _____

Will the newborn be released to the mother? ☐ Yes ☐ No

2. Hospital Certification – To be completed and signed by hospital official.

PCP Name and Address _____

I certify that _____ (baby's name (first, middle initial, last)) (☐ boy, ☐ girl) was born at this hospital on _____.
(check one) (date)

I also certify that the mother ☐ has, ☐ has not (check one) applied for a Social Security Number for the newborn through the enumeration at birth process.

Signature of Hospital Official _____ Title _____ Date _____

Printed Name of Hospital Official _____ Telephone # _____ Hospital Fax #: _____

3. Mother's Certification - To be read and completed by mother.

Certificación de la Madre – Para ser leído y completado por la madre.

I declare under penalty of perjury that _____ was born to me at this
hospital and is a United States citizen. baby's name (first, middle initial, last)

Declaro bajo pena de perjurio que _____ me nació en este
hospital y es un ciudadano nombre del bebé (nombre, inicial, apellido)
de los Estados Unidos

Signature of Mother _____ Printed Name of Mother _____ Date _____
Firma de la Madre Nombre de la Madre en Letra de Molde Fecha

4. Fax To: Department of Social Services, Scanning Center Fax Number: 860-812-0006

THIS AREA TO BE COMPLETED BY THE DEPARTMENT OF SOCIAL SERVICES OR ACS

Newborn Client ID # _____ Newborn Client ID # _____ EMS ID _____
(HUSKY A) (HUSKY B)

TO HOSPITAL STAFF

In order to receive reimbursement, you **must** complete all items on this form and obtain the mother's signature in section 3 whenever possible.

Hospital officials completing section 2 **should do so only if** he or she can certify the accuracy of the information he or she provides in section 2.

- The hospital official **must** attempt to obtain the newborn's PCP name and address if it is known.
- The hospital official signing the W-416 **must** attempt to obtain the mother's signature in section 3.
- The W-416 **must** be completed and signed in the hospital and submitted to DSS by a hospital official and **printed on hospital letterhead.**
- **The hospital must submit the W-416 to DSS even if the mother does not sign the W-416.**
- **Each W-416 must be faxed, individually, to 860-812-0006. No coversheet is required or necessary – attaching a coversheet will cause processing delays.**
- **If you have any client specific question, please call a DSS Benefit Center representative at 1-855-CONNECT (1-855-626-6632)**

TO MOTHER

When you sign this form, it serves as an application for medical assistance for your newborn. If you are already a recipient of Medicaid, HUSKY A coverage for your baby may be granted for a period of one year from date of birth, provided your newborn lives with you and you continue to be eligible for medical assistance or, you would be eligible if you were still pregnant. HUSKY A coverage for the child is automatically discontinued at the end of the year unless eligibility is established under another HUSKY category. If you are not a recipient of HUSKY A or another Medicaid category, you will have to provide additional documentation to the Department of Social Services. You may apply at any time for these and other benefits, including cash assistance and SNAP, with the Department of Social Services.

A LA MADRE

Cuando usted firma este formulario, sirve como solicitud para asistencia médica para su recién nacido. Si usted ya es un beneficiario de Medicaid, puede ser que se le conceda la cobertura de HUSKY A para su bebé por un período de un año, desde la fecha de nacimiento, siempre que su recién nacido viva con usted y usted continúe siendo elegible para la asistencia médica o, si usted fuera elegible si estuviera todavía embarazada. La cobertura de HUSKY A para su hijo se discontinuará automáticamente al final del año, a menos que se establezca la elegibilidad bajo otra categoría HUSKY. Si usted no es un beneficiario de HUSKY A u otra categoría de Medicaid, usted tendrá que ofrecer documentación adicional al Departamento de Servicios Sociales. Usted puede aplicar en cualquier momento a estos y otros beneficios, incluyendo ayuda monetaria y SNAP, con el Departamento de Servicios Sociales.