MEDICAL ASSISTANCE (MA)
FOR FAMILIES, PREGNANT WOMEN, AND CHILDREN
Supplemental Application

SECTION A. IMMIGRATION STATUS (For Non-Citizens Only)

Answer these questions for each non-citizen who wants Medical Assistance/MCHP. **IF YOU ARE APPLYING FOR EMERGENCY MEDICAL ASSISTANCE/MCHP, YOU DO NOT HAVE TO FILL IN SECTION A.**

Name (Last, First, Middle)	U.S. Entry Date:	Country of Origin:	Undocumented? ☐ Yes ☐ No
	USCIS Number:		
Name (Last, First, Middle)	U.S. Entry Date:	Country of Origin:	Undocumented? ☐ Yes ☐ No
	USCIS Number:		
Name (Last, First, Middle)	U.S. Entry Date:	Country of Origin:	Undocumented? ☐ Yes ☐ No
	USCIS Number:		

SECTION B. CHILD SUPPORT INFORMATION

Complete this section if you want Medical Assistance for a child who has an absent or deceased parent. Fill in a separate section for each absent or deceased parent.

#1   ABSENT PARENT (AP) INFORMATION

Name of Absent Parent (Last, First, Middle)	Relationship of absent parent to you	Check one: ☐ Absent ☐ Deceased

CHILD'S NAME	MARITAL STATUS OF CHILD'S PARENTS AT BIRTH				
	☐ Married	☐ Divorced	☐ Unknown	☐ Separated	☐ Never Married
	☐ Married	☐ Divorced	☐ Unknown	☐ Separated	☐ Never Married
	☐ Married	☐ Divorced	☐ Unknown	☐ Separated	☐ Never Married
	☐ Married	☐ Divorced	☐ Unknown	☐ Separated	☐ Never Married
	☐ Married	☐ Divorced	☐ Unknown	☐ Separated	☐ Never Married

Social Security Number (SSN):	Other Name	Date of Birth / /	Age	Gender ☐ Male ☐ Female

AP's Last Known Address	Number Street	City	State	Zip Code	Telephone
AP's Parent's Address	Number Street	City	State	Zip Code	Telephone

Driver's License State	Birth Place (City, State)

Current or Prior Military Dates: From: To:	Paying Military Allotment? ☐Yes ☐ No If yes, To whom?	Military Branch

Incarcerated ☐ Currently ☐ Previously ☐ Never	Institution Name

ABSENT PARENT INCOME INFORMATION

Last Known Employer	Name, Address & Telephone
Second Employer	Name, Address & Telephone

Other Income/Benefits   ☐ Social Security   ☐ SSI   ☐ Veteran's Pension   ☐ Unemployment
 Received by absent parent: ☐ Worker's Compensation   ☐ Pension/Retirement   ☐ Union Benefits   ☐ Other, list

ABSENT PARENT COURT ORDER INFORMATION

Paying Support? ☐YES ☐NO	To Whom?	Last Date Paid	Payment Amount

Court Ordered? ☐YES ☐NO	If yes, where was the court order issued?	Can you give us a copy? ☐YES ☐NO

#2   ABSENT PARENT (AP) INFORMATION

Name of Absent Parent (Last, First, Middle)	Relationship of absent parent to you	Check one: ☐ Absent ☐ Deceased

CHILD'S NAME	MARITAL STATUS OF CHILD'S PARENTS AT BIRTH				
	☐ Married	☐ Divorced	☐ Unknown	☐ Separated	☐ Never Married
	☐ Married	☐ Divorced	☐ Unknown	☐ Separated	☐ Never Married
	☐ Married	☐ Divorced	☐ Unknown	☐ Separated	☐ Never Married
	☐ Married	☐ Divorced	☐ Unknown	☐ Separated	☐ Never Married
	☐ Married	☐ Divorced	☐ Unknown	☐ Separated	☐ Never Married

Social Security Number (SSN):	Other Name	Date of Birth / /	Age	Gender ☐ Male ☐ Female

AP's Last Known Address	Number Street	City	State	Zip Code	Telephone
AP's Parent's Address	Number Street	City	State	Zip Code	Telephone

Driver's License State	Birth Place (City, State)

Current or Prior Military **Dates:** From: To:	Paying Military Allotment? ☐Yes ☐ No If yes, To whom?	Military Branch

Incarcerated ☐ Currently ☐ Previously ☐ Never	Institution Name

ABSENT PARENT INCOME INFORMATION

Last Known Employer	Name, Address & Telephone
Second Employer	Name, Address & Telephone

Other Income/Benefits   ☐ Social Security   ☐ SSI   ☐ Veteran's Pension   ☐ Unemployment
Received by absent parent: ☐ Worker's Compensation   ☐ Pension/Retirement   ☐ Union Benefits   ☐ Other, list _____

ABSENT PARENT COURT ORDER INFORMATION

Paying Support? ☐YES ☐NO	To Whom?	Last Date Paid	Payment Amount

Court Ordered? ☐YES ☐NO	If yes, where was the court order issued?	Can you give us a copy? ☐YES ☐NO

SIGNATURE SECTION

I certify that the information I have provided above is true to the best of my knowledge and I give permission for the State of Maryland to make any necessary contacts to check my statements.

Signature of Applicant/Recipient	Print (Name)	Date