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

SECTION A. IMMIGR	RATION STATUS (For No	n-Citizens Only)							
	tions for each non-citize			YOU ARE APPLYI	ING FOR EMERGENC	Y MEDICAL			
Name (Last, First, Midd	lle)	U.S. Entr	y Date:	Country of Origin	n:	Undocumented? ☐ Yes ☐ No			
		USCIS N	umber.						
Name (Last, First, Midd	lle)	U.S. Entr		Country of Origin	n:	Undocumented? ☐ Yes ☐ No			
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Name (Last, First, Midd	llo)	USCIS N		On what of Original		Undocumented? ☐ Yes ☐ No			
Name (Last, 1 list, Midd	iie)	U.S. Entr		Country of Origin	1.	Ondocumented: Tes No			
		USCIS N	umber:						
	SUPPORT INFORMATION		who has an absent or do	coased parent Fill in	a a congrate coction for	each absent or deceased parent.			
	ENT (AP) INFORMATION	sistance for a crind v	viio iias aii abseiit oi de	ceased parent. Fill li	i a separate section for t	each absent of deceased parent.			
	ent (Last, First, Middle)	Relationsh	ip of absent parent to you		Check one: ☐ Absent ☐ Deceased				
CHILE	D'S NAME				ILD'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				
Social Security Nur	mber (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 Sta		Birth Place (Ci							
Current or Prior Mili Dates: From:	tary To:	Paying Military A							
Incarcerated Institution Name									
Currently	Previously NCOME INFORMATION	Never							
Last Known Employer	Name, Address & Tel	ephone							
Second Employer	Name, Address & Telephone								
Other Income/Bene Received by abser	<u>—</u>	curity Compensation	SSI Pension/Retirement	☐ Veteran's Pens☐ Union Benefits	<u> </u>	nent			

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ABSENT PARENT COURT ORDER INFORMATION													
Paying Support? ☐YES ☐NO						Last Date Paid Payment Amour							
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 CH									
				☐ Married		Divorced	Unknown	Separa		Never Married			
				Married		Divorced	Unknown	Separa		Never Married			
				☐ Married		Divorced	Unknown	☐ Separa		☐ Never Married			
				Married		Divorced	Unknown	☐ Separa		☐ Never Married			
				☐ Married		Divorced	☐ Unknown	☐ Separa	ted	☐ Never Married			
Social Security Number (SSN):			Other Name				Date of Birth /	Age		ender] Male			
AP's Last Known Address	Number	Street			Ci	ity	State	Zip Code	Telepho	one			
AP's Parent's Address	Number	Street			Ci	ity	State	Zip Code	Telepho	one			
Driver's License Sta	Birt	Birth Place (City, State)											
Current or Prior Military Dates: From: To:				Paying Military Allotment? Yes No Military Brand If yes, To whom?									
Incarcerated Currently	☐ Previ	ouslv	□ Ne		Institutio	n Name							
ABSENT PARENT IN			_										
Last Known Employer	Name, Ad	dress & Tele	ephone										
Second Employer	Name, Ad	Name, Address & Telephone											
Other Income/Benef Received by absent	curity Compen	rity SSI Sompensation Pension/Retirement			☐ Veteran's Pen☐ Union Benefit	eteran's Pension							
ABSENT PARENT CO													
Paying Support? ☐YES ☐NO	To Whom	1?		Last Date Paid			Payment Amount						
Court Ordered?	If yes, where was the court order issued?					Can you give us ☐YES ☐NO			copy?				
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 Applic	cant/Recipie	ent				Print (Name)			Date				

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