

State of Connecticut
 Department of Children and Families
 Revenue Enhancement Division
 Medical Assistance Unit
MEDICAL ASSISTANCE FORM

DSS Routing Information	
DO:	_____
EW:	_____

Date: 9/5/2014

LINK INFORMATION	LINK Case ID:	
	LINK Person ID:	
CHILD'S INFORMATION	Last Name:	
	First Name:	
	MI:	
	DOB:	
	Sex:	
	Race:	
	SS#:	
	Medicaid ID#:	
PLACEMENT INFORMATION	Date Child Placed with Caregiver (below):	
	Caregiver's Name:	
	Street Address:	
	City:	
	State:	
	Zip:	
	Telephone:	
Caregiver's Relationship to Child:		
DCF SOCIAL WORKER INFORMATION AREP CODE TYPE - "R3"	Last Name:	
	First Name:	
	Telephone:	
	DCF Office Address:	
CHILD'S DCF LEGAL STATUS:	Child's Current Legal Status with DCF:	
CITIZENSHIP STATUS:	Is the child a US citizen or an alien who is currently registered with USCIS and legally authorized to be in the United States?	

CHILD'S COMMERCIAL INSURANCE INFORMATION	Policy Holder:		Policy Holder's DOB:	
	Policy Number:		Policy Holder's SS#:	
	Ins. Company Name:		Type of Insurance:	
	Effective Dates:	From: _____ To: _____		

DCF CASE CLOSURE	Date DCF Case Closed:	
-------------------------	-----------------------	--

REMARKS	
----------------	--

Processing directions upon completion of this form (follow the directions EXACTLY as outlined below):

- 1) Make sure that all of the information is complete – **telephone numbers must contain area codes; addresses must contain zip codes.**
- 2) Click on **File**
- 3) Click on **Send To** (You may have to click on the double down arrows at the bottom of the drop down box to display this option.)
- 4) Click on **Mail Recipient (as Attachment)**... (You must select "as Attachment" or the form will not be transmitted properly.)
- 5) Click on the **To...** button
- 6) Select **"DCF Medical Assistance"** from the list; click on the **To** button; click on **OK**
- 7) Enter the child's name in the **Subject** line
- 8) Click on **Send** (A copy of the e-mail with an attachment of this form will appear in your **Sent Items** folder.)
- 9) Close the document. When asked if you want to save the changes, click **No**.