

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No
	USCIS Number:		
Name (Last, First, Middle)	U.S. Entry Date:	Country of Origin:	Undocumented? <input type="checkbox"/> Yes <input type="checkbox"/> No
	USCIS Number:		
Name (Last, First, Middle)	U.S. Entry Date:	Country of Origin:	Undocumented? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Absent <input type="checkbox"/> Deceased	
CHILD'S NAME	MARITAL STATUS OF CHILD'S PARENTS AT BIRTH			
	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Unknown	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married
	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Unknown	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married
	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Unknown	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married
	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Unknown	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married
	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Unknown	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married
Social Security Number (SSN):	Other Name	Date of Birth / /	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Branch		
	If yes, To whom?			
Incarcerated <input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never	Institution Name			
ABSENT PARENT INCOME INFORMATION				
Last Known Employer	Name, Address & Telephone			
Second Employer	Name, Address & Telephone			
Other Income/Benefits Received by absent parent:	<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI	<input type="checkbox"/> Veteran's Pension	<input type="checkbox"/> Unemployment
	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Pension/Retirement	<input type="checkbox"/> Union Benefits	<input type="checkbox"/> Other, list

ABSENT PARENT COURT ORDER INFORMATION			
Paying Support? <input type="checkbox"/> YES <input type="checkbox"/> NO	To Whom?	Last Date Paid	Payment Amount
Court Ordered? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where was the court order issued?		Can you give us a copy? <input type="checkbox"/> YES <input type="checkbox"/> NO

#2 ABSENT PARENT (AP) INFORMATION					
Name of Absent Parent (Last, First, Middle)		Relationship of absent parent to you		Check one: <input type="checkbox"/> Absent <input type="checkbox"/> Deceased	
CHILD'S NAME		MARITAL STATUS OF CHILD'S PARENTS AT BIRTH			
		<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Unknown	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married
		<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Unknown	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married
		<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Unknown	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married
		<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Unknown	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married
		<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Unknown	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married
Social Security Number (SSN):		Other Name	Date of Birth / /	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, To whom?		Military Branch	
Incarcerated <input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never		Institution Name			

ABSENT PARENT INCOME INFORMATION					
Last Known Employer	Name, Address & Telephone				
Second Employer	Name, Address & Telephone				
Other Income/Benefits Received by absent parent:					
<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI	<input type="checkbox"/> Veteran's Pension	<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Pension/Retirement	<input type="checkbox"/> Union Benefits	<input type="checkbox"/> Other, list _____		

ABSENT PARENT COURT ORDER INFORMATION			
Paying Support? <input type="checkbox"/> YES <input type="checkbox"/> NO	To Whom?	Last Date Paid	Payment Amount
Court Ordered? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where was the court order issued?		Can you give us a copy? <input type="checkbox"/> YES <input type="checkbox"/> 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