MassHealth
Commonwealth of Massachusetts
EOHHS
www.mass.gov/masshealth

Absent-Parent Questions and Assignment of Rights

HealthConnector CommonwealthCare

For office use only

This form is for applicants or members whose children have a parent who is absent from the household, deceased, or unknown.

Please print clearly. Please read Part A before you fill out Parts B, C, and D. If you need more space to finish any section, please use a separate piece of paper (include your name and MassHealth ID or social security number) and attach it to this form. You must sign Part E.

Head of Household

Last name	First name	MI	Date of birth

MassHealth ID (*or SSN if no MassHealth ID*)	Telephone number

Street address	City	State	Zip

Mailing address (*if different from street address or if living in a shelter*) ☐ homeless

City	State	Zip

Children

1. Last name	First name	MI

Date of birth	MassHealth ID (*or SSN if no MassHealth ID*)

2. Last name	First name	MI

Date of birth	MassHealth ID (*or SSN if no MassHealth ID*)

3. Last name	First name	MI

Date of birth	MassHealth ID (*or SSN if no MassHealth ID*)

Absent Parent

ABS

PART A—Cooperation

To get MassHealth for **you and a child who is living with you**, you must cooperate with the Child Support Enforcement Division of the Massachusetts Department of Revenue (DOR) to establish paternity and enforce a medical-support order, unless you have Good Cause not to cooperate. You must also assign your rights for medical support to MassHealth. Cooperation means that you may have to give information about the identity, location, and employment of the absent parent, appear for appointments with DOR staff and the Court, submit to paternity testing, give information, and take any other action necessary to help DOR in establishing paternity, and establishing, changing, or enforcing a child medical-support order. "Good Cause" is a legal term that means if you cooperated by giving us information about the absent parent, it would not be in the best interests of the child for any of the reasons listed in Part C—Good Cause—on the next page. If you think that you have Good Cause for not cooperating, fill out Part C—Good Cause—on the next page, and do not fill out Part D—Absent-Parent Information—on the next page.

If you do not want to make a Good Cause claim, and you do not cooperate by filling out Part D—Absent-Parent Information—on the next page, your MassHealth eligibility could be affected.

To get MassHealth **only for the child who is living with you** and not for yourself, you do not have to cooperate with DOR, assign your rights for medical support to MassHealth, or give information about the absent parent. Also, if a **pregnant** family member is applying for benefits for an unborn child, you do not need to give us information about the absent parent of the unborn child at this time. This means that you do not have to fill out Part B, C, D, or E of this supplement for that unborn child. Please read the next paragraph about child-support-enforcement services.

Even if you are applying for MassHealth only for the child who is living with you, you can ask for child-support-enforcement services if you want help getting the absent parent to pay for health insurance or child support for the child. To do this, you can call DOR at 1-800-332-2733, or go to **www.mass.gov/dor** and click on "Child Support." The child's MassHealth coverage will not be affected if you choose to ask for these services or not. If you ask for these services, you will have to cooperate with DOR.

Absent Parent (cont.)

PART B—Names of children who have been adopted by a single parent or have a parent who is deceased or unknown

Please list the name(s) of the child or children who have been adopted by a single parent or have a parent who is deceased or unknown.

Name	Name
Name	Name

If all of the children in the household are named in this section, go to Part E. Otherwise, go to Part C.

PART C—Good Cause

Is there any reason (Good Cause) not to help us get medical support from an absent parent? ☐ yes ☐ no

If **yes**, list the name(s) of the child or children whose absent parent(s) you do not want to give us information about, and check one of the boxes below for the reason that applies to the child or children.

If **no**, fill out Part D—Absent-Parent Information—below.

Name(s):

☐ Cooperation could result in serious physical or emotional harm to a family member or his or her child, or the applicant or member.
☐ Adoption of the child is in process.
☐ The child was a result of sexual abuse or assault.

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☐ Cooperation could result in serious physical or emotional harm to a family member or his or her child, or the applicant or member.
☐ Adoption of the child is in process.
☐ The child was a result of sexual abuse or assault.

PART D—Absent-Parent Information (if known)

1. Name | Social security number* | Date of birth | Gender ☐ M ☐ F

Address

Telephone number | Is there a medical-support order? ☐ yes ☐ no

Relationship to child: ☐ mother ☐ father ☐ other: | Driver's license number*

Names of children of this absent parent

Name and address of absent parent's employer

2. Name | Social security number* | Date of birth | Gender ☐ M ☐ F

Address

Telephone number | Is there a medical-support order? ☐ yes ☐ no

Relationship to child: ☐ mother ☐ father ☐ other: | Driver's license number*

Names of children of this absent parent

Name and address of absent parent's employer

*Required, if obtainable and one has been issued.

Part E: Signature

I am the parent with whom the child lives (custodial parent or legal guardian) and I certify under penalty of perjury that the information in this supplement is correct and complete to the best of my knowledge. I also understand that by signing below I assign my rights and give permission to MassHealth and DOR to go after medical support from the absent parent (named in Part D) of any child under age 19 who is living with me and applying for MassHealth. I also agree to cooperate with MassHealth and DOR in this process, as explained in Part A – Cooperation – of this supplement.

X _____ _____ _____

Signature of custodial parent or guardian | Print name | Date