



# Noncustodial Parent Form

Commonwealth of Massachusetts | Executive Office of Health and Human Services

## Instructions

You're getting this form because you recently applied for a state health plan such as MassHealth. On that application, you listed one or more children in your household with only one custodial parent. This indicates that the child(ren) may have a noncustodial parent. A noncustodial parent is a parent who does not live with their child.

This form must be filled out and signed by the custodial parent or legal guardian of any child listed on the application for health care coverage. You must provide the requested information for each child who has a noncustodial parent.

To get MassHealth, you agree to cooperate with MassHealth and the Child Support Enforcement Division of the Massachusetts Department of Revenue (DOR) in trying to get medical support for your children from their noncustodial parents unless you have a good cause reason not to cooperate. You can review the list of good cause reasons under the "Children Listed on the Application" section of this form. Cooperating means, but is not limited to

- Telling the DOR if there are any changes to the information you gave us about yourself or the other parent.
- Appearing as a witness at court or other proceeding.
- Appearing at paternity testing appointments and other appointments if necessary.
- Providing DOR with copies of documents that are needed for your case, if requested, such as birth or marriage certificates, court orders, and divorce orders.
- Taking any other reasonable steps to identify the father, to get medical support and payments, and to help us go after liable third parties.

Your eligibility could be affected if you do not fill out this form in its entirety and do not meet the exceptions described below.

Please fax or mail this form to:

Health Insurance Processing Center  
PO Box 4405  
Taunton, MA 02780  
Fax: (857) 323-8300

## Important

MassHealth will not deny or stop your child's MassHealth benefits if you do not cooperate, but your own eligibility may be impacted. Even if you are not required to identify the father (establish paternity), knowing who the father is may lead to financial benefits for your child. These benefits may include Social Security dependents' benefits, pension benefits, veterans benefits, and possible rights of inheritance.

If you are not eligible for MassHealth, you can still get child support enforcement services. These services can help to get the noncustodial parent to provide medical support or child support for the child. To do this, call the Department of Revenue (DOR) at (800) 332-2733, or go to [www.mass.gov/dor](http://www.mass.gov/dor) and click on Child Support Services to complete the application on line. The child's MassHealth benefits will not change, whether or not you ask for these services. If you ask for these services, you will have to cooperate with DOR.

## Noncustodial Parent Information

Please provide the following information on the application for each child who has a noncustodial parent, including unborn or expected children. We have provided space for three children and three noncustodial parents. If you need more room, please make a copy of this form or use a separate piece of paper.

## Unborn or Expected Children

Are you currently pregnant? If you are applying for benefits for an unborn child, you do not need to give us information about the noncustodial parent of the unborn child at this time.

I am currently pregnant AND I am not married to the father of this child.

How many babies are you expecting? \_\_\_\_\_ What is your expected due date? \_\_\_\_\_

**Note:** You do not have to provide information for this child's noncustodial parent while you are pregnant. If the noncustodial parent is not in the household at the end of your pregnancy, you will need to tell MassHealth about the noncustodial parent at that time.

## Name of Child #1

First name

Middle name

Last name

Do any of the following good cause reasons apply to this child?

- Adoption of this child is in process.
- This child was born as a result of sexual abuse or assault.
- Cooperation, as defined on page 1, is not in the best interest of this child. (For example, cooperation could result in serious physical or emotional harm to me or the child or both.)
- I adopted this child as a single parent.
- The noncustodial parent of this child has died.
- I do not know who the noncustodial parent of this child is.

If you checked any of the boxes above, you do not have to provide information for this child's noncustodial parent. Please provide noncustodial parent information for any other child(ren) and sign at the end of this form.

Name of noncustodial parent for Child #1  I do not know

First name

Middle name

Last name

Noncustodial parent's relationship to child

Mother  Father

Gender of child

M  F

Date of birth (mm/dd/yyyy)  I do not know

Social security number  I do not know

Driver's license number  I do not know

Address  I do not know

Telephone number  I do not know

Employer name and address  I do not know

Does the noncustodial parent have insurance that covers dependents?  Yes  No  I do not know

If **yes**, please provide the following information.

Policyholder name

Insurance company

Policy number

Group number

Has a court issued an order for the noncustodial parent to provide health insurance for the child?  Yes  No  I do not know

If **yes**, where and when was the order issued? \_\_\_\_\_  I do not know

Has a court issued an order for the noncustodial parent to provide health insurance for you, the custodial parent?  Yes  No  I do not know

If **yes**, where and when was the order issued? \_\_\_\_\_  I do not know

**Name of Child #2**

First name

Middle name

Last name

Do any of the following good cause reasons apply to this child?

- Adoption of this child is in process.
- This child was born as a result of sexual abuse or assault.
- Cooperation, as defined on page 1, is not in the best interest of this child. (For example, cooperation could result in serious physical or emotional harm to me or the child or both.)
- I adopted this child as a single parent.
- The noncustodial parent of this child has died.
- I do not know who the noncustodial parent of this child is.

If you checked any of the boxes above, you do not have to provide information for this child's noncustodial parent. Please provide noncustodial parent information for any other child(ren) and sign at the end of this form.

**Name of noncustodial parent** for Child #2  I do not know

First name

Middle name

Last name

Is this the same noncustodial parent named for Child #1 above?  Yes  No If yes, skip the rest of this section. Make sure to sign this form.

Noncustodial parent's relationship to child  Mother  Father Gender of child  M  F Date of birth (mm/dd/yyyy)  I do not know

Social security number  I do not know Driver's license number  I do not know Address  I do not know

Telephone number  I do not know Employer name and address  I do not know

Does the noncustodial parent have insurance that covers dependents?  Yes  No  I do not know

If **yes**, please provide the following information.

Policyholder name	Insurance company	Policy number	Group number
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Has a court issued an order for the noncustodial parent to provide health insurance for the child?  Yes  No  I do not know

If **yes**, where and when was the order issued? \_\_\_\_\_  I do not know

Has a court issued an order for the noncustodial parent to provide health insurance for you, the custodial parent?  Yes  No  I do not know

If **yes**, where and when was the order issued? \_\_\_\_\_  I do not know

**Name of Child #3**

First name

Middle name

Last name

Do any of the following good cause reasons apply to this child?

- Adoption of this child is in process.
- This child was born as a result of sexual abuse or assault.
- Cooperation, as defined on page 1, is not in the best interest of this child. (For example, cooperation could result in serious physical or emotional harm to me or the child or both.)
- I adopted this child as a single parent.
- The noncustodial parent of this child has died.
- I do not know who the noncustodial parent of this child is.

If you checked any of the boxes above, you do not have to provide information for this child's noncustodial parent. Please provide noncustodial parent information for any other child(ren) and sign at the end of this form.

Name of noncustodial parent for Child #3  I do not know

First name

Middle name

Last name

Is this the same noncustodial parent named for Child #1  Child #2  or both  above? If so, check the appropriate child(ren) and skip the rest of this section. If the noncustodial parent of Child #3 is not the parent of either Child #1 or Child #2, complete the rest of this section. Make sure to sign this form.

Noncustodial parent's relationship to child

 Mother  Father

Gender of child

 M  FDate of birth (mm/dd/yyyy)  I do not knowSocial security number  I do not knowDriver's license number  I do not knowAddress  I do not knowTelephone number  I do not knowEmployer name and address  I do not knowDoes the noncustodial parent have insurance that covers dependents?  Yes  No  I do not knowIf **yes**, please provide the following information.

Policyholder name

Insurance company

Policy number

Group number

Has a court issued an order for the noncustodial parent to provide health insurance for the child?  Yes  No  I do not knowIf **yes**, where and when was the order issued? \_\_\_\_\_  I do not knowHas a court issued an order for the noncustodial parent to provide health insurance for you, the custodial parent?  Yes  No  I do not knowIf **yes**, where and when was the order issued? \_\_\_\_\_  I do not know**Signature**

I certify under penalty of perjury that I am the custodial parent or legal guardian of the minor child(ren) listed on this form, that I have provided all the information I have or can reasonably get, and that the information in this form is correct and complete to the best of my knowledge.

Signature of custodial parent or legal guardian

Print name

Date