



## **TO HOSPITAL STAFF**

In order to receive reimbursement, you **must** complete all items on this form and obtain the mother's signature in section 3 whenever possible.

For Section 2:

Hospital officials completing section 2 **should do so only if** he or she can certify the accuracy of the information he or she provides in section 2.

- The hospital official **must** attempt to obtain the newborn's PCP name and address if it is known.
- The hospital official signing the W-416 **must** attempt to obtain the mother's signature in section 3.
- The W-416 **must** be completed and signed in the hospital and submitted to DSS by a hospital official and **printed on hospital letterhead.**
- **The hospital must submit the W-416 to DSS even if the mother does not sign the W-416.**

## **TO MOTHER**

When you sign this form, it serves as an application for medical assistance for your newborn. If you are already a recipient of Medicaid, HUSKY A coverage for your baby may be granted for a period of one year from date of birth providing your newborn lives with you and you continue to be eligible for medical assistance or you would be eligible if you were still pregnant. HUSKY A coverage for the child is automatically discontinued at the end of the year unless eligibility is established under another HUSKY category. If you are not a recipient of HUSKY A or another Medicaid category, you will have to provide additional documentation to the Department of Social Services. You may apply at any time for these and other benefits, including cash assistance and SNAP, at your local DSS Regional Office.

## **A LA MADRE**

Cuando usted firme este formulario, esto sirve como una solicitud para asistencia médica para su recién nacido. Si usted ya es un beneficiario de Medicaid, puede ser que se le concede la cobertura de HUSKY A para su bebé por un período de un año desde la fecha de nacimiento siempre que su recién nacido viva con usted y usted continúe siendo elegible para la asistencia médica o usted sería elegible si estuviera todavía embarazada. La cobertura de HUSKY A para su hijo se discontinuará automáticamente al final del año a menos que se establezca la elegibilidad bajo otra categoría HUSKY. Si usted no es un beneficiario de HUSKY A u otra categoría de Medicaid, usted tendrá que ofrecer documentación adicional al Departamento de Servicios Sociales. Usted puede aplicar en cualquier momento a estos y otros beneficios, incluyendo ayuda monetaria y SNAP, en su Oficina Regional local del DSS.