

# SAMPLE



## Eligibility Review Form



**FOR OFFICE USE ONLY**  
Date received:

MassHealth will use the information on this form to review your eligibility for MassHealth, the Children's Medical Security Plan (CMSP), Healthy Start, Commonwealth Care, and the Health Safety Net. You do not have to be a U.S. citizen/national to get these benefits. Please print clearly. Please answer all questions and fill out all sections that apply to you and your family. If you need more space to finish any section on this form, please use a separate sheet of paper (include your name and social security number), and attach it to this form. See enclosed notice for other instructions and important information.

### Head of Household

1.	Last name	First name	MI	Street address	City	State	Zip
	Mailing address (if different than street address or if living in a shelter) <input type="checkbox"/> tentative				City	State	Zip
	Does this person want benefits? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, is this person a U.S. citizen/national? <input type="checkbox"/> no <input type="checkbox"/> yes		Social security number*		Date of birth / /		Sex <input type="checkbox"/> M <input type="checkbox"/> F
	Spoken language choice		Written language choice		Ethnicity (optional)		Telephone number (List work number only if we can call you at work.) Home/Cel: ( )      Fax: / /

### Other Family Members

List all other members of your family group. Do not repeat head of household information in this section. See enclosed notice for a description of a family group.

2.	Last name	First name	MI	Does this person want benefits? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, is this person a U.S. citizen/national? <input type="checkbox"/> yes <input type="checkbox"/> no	Social security number*	Date of birth / /
	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race (optional)	Spoken language choice	Written language choice	Ethnicity (optional)	Relationship to head of household	
3.	Last name	First name	MI	Does this person want benefits? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, is this person a U.S. citizen/national? <input type="checkbox"/> yes <input type="checkbox"/> no	Social security number*	Date of birth / /
	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race (optional)	Spoken language choice	Written language choice	Ethnicity (optional)	Relationship to head of household	
4.	Last name	First name	MI	Does this person want benefits? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, is this person a U.S. citizen/national? <input type="checkbox"/> yes <input type="checkbox"/> no	Social security number*	Date of birth / /
	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race (optional)	Spoken language choice	Written language choice	Ethnicity (optional)	Relationship to head of household	
5.	Last name	First name	MI	Does this person want benefits? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, is this person a U.S. citizen/national? <input type="checkbox"/> yes <input type="checkbox"/> no	Social security number*	Date of birth / /
	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race (optional)	Spoken language choice	Written language choice	Ethnicity (optional)	Relationship to head of household	

### Pregnancy

Are you or any family member pregnant?  yes  no

Name	Are you or this person pregnant with <input type="checkbox"/> 1 baby? <input type="checkbox"/> twins? <input type="checkbox"/> triplets? If more, how many? _____	Due date / /
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### American Indian/Alaska Native

Family members under the age of 19 who are Alaska Natives or members of a federally recognized American Indian tribe who get MassHealth Family Assistance may not have to pay any premiums for this coverage.

Are you or any family member who is under the age of 19 an Alaska Native or a member of a federally recognized American Indian tribe?  yes  no

If yes, name: \_\_\_\_\_

\*Required, if one has been issued and this person is applying for or getting MassHealth or Commonwealth Care, except for MassHealth Limited, CMSP, Healthy Start, or the Health Safety Net.