

DOM-TPL-410

Issued 10-01-90

Medicaid RO _____

Address _____

Absent Parent Referral

Responsible Relative Information

(1) _____
(2) _____
(3) _____
Child(ren)'s Case Number

Name

Relationship to Child

Address

City State Zip Code

Telephone Number

Social Security Number

Absent Parent Information

AP Name

Social Security Number

Date of Birth

Address [] Current [] Last Known

City State Zip Code

Telephone Number

Employer Name [] Current [] Last Known

Emp. Addr. [] Current [] Last Known

City State Zip Code

Absent Parent's Children Information

- 1. _____
Name SSN _____ Date of Birth ____/____/____ Med. Elig. Date ____/____/____
- 2. _____
Name SSN _____ Date of Birth ____/____/____ Med. Elig. Date ____/____/____
- 3. _____
Name SSN _____ Date of Birth ____/____/____ Med. Elig. Date ____/____/____

Support Information

Is there a current court order involving paternity, divorce, child support payments, or medical support? Yes _____ No _____ Copy Attached: Yes _____ No _____

Medicaid Specialist

Date

Date Received by IV-D

MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-TPL-410 - ABSENT PARENT REFERRAL

PURPOSE & USE

The purpose of this form is to refer to the Child Support Enforcement Agency all living absent parents whose child(ren) receive medical assistance through the Division of Medicaid. Federal law requires the Child Support Enforcement Agency to provide all appropriate IV-D services, including the petition for medical support, to families with an absent parent when these families include a child who receives Medicaid and has assigned rights to medical support to the State Medicaid Agency.

The form must be completed at application or redetermination when the worker discovers there is a living absent parent. A onetime referral should be all that is necessary.

INSTRUCTIONS

The worker will determine at application or redetermination if there is a living absent parent. If so, the worker must complete information requested on the form sign and date. Prepare an original and one copy. Mail the original to the Department of Human Services (DHS) in the county of the child's residence, attention to Child Support Enforcement. Retain a copy in the case record. If available, include a copy of the current court order with the original form to DHS.

NOTE: There may be a rare instance where a worker will handle cases involving multiple children with the same absent parent. In this instance, if there is one responsible relative for all children, use only one form to identify the absent parent as well as the children of that absent parent.

There also may be an instance of a child with two absent parents. In this instance, complete two referral forms, one for each absent parent.

MEDICAID ELIGIBILITY

FORMS AND INSTRUCTIONS

Responsible Relative Information - include information on the parent or other relative who has custody of the child or children receiving Medicaid.

Absent Parent Information - include information on the absent parent.

Absent Parent's Children Information - include information on the child or children of the absent parent receiving Medicaid.