

APPLICATION FOR NEWBORN HEALTH BENEFITS IDENTIFICATION NUMBER
(Please print or type)

Regional Medicaid Office _____ Hospital _____

Fax Number _____ Fax Number _____

I. RELEASE OF INFORMATION – TO BE COMPLETED BY PARENT:

I, _____, hereby authorize _____
(Name of Parent) (Name of Hospital)

to release to the Mississippi Division of Medicaid information regarding my newborn child,

_____ for purposes of enrolling my child in Medicaid or
(Name of child as it will appear on birth certificate).

the Children's Health Insurance Program (CHIP).

Signature of Parent _____ Date _____

II. IDENTIFYING INFORMATION – TO BE COMPLETED BY HOSPITAL

Newborn's Date of Birth _____ Sex _____ Race _____
_____ Single Birth
_____ Multiple Births How Many _____

Name and Address of Mother _____

_____ County of Residence _____

Mother's Medicaid Number _____ Mother's SSN* _____

*Your SSN will be used to ensure that Medicaid correctly matches your baby's record to your record. Pursuant to the authority found in federal law at 42 U.S.C. 1320b-7(a) and federal regulations at 42 CFR 435.910, you are required to disclose the Social Security Number (SSN) for each person applying for Health Benefits. This is a mandatory requirement in order to be eligible for Medicaid benefits. If you cannot recall the SSN for each applicant or if the applicant does not have a SSN, the agency can assist you in applying for a SSN for each applicant. If the applicant has a well established religious objection for not providing his or her SSN, he or she should state the basis for such objection and the agency will review this request. The SSN will be used to verify information such as income and insurance coverage and to help maintain files regarding eligibility pursuant to the authority described in federal regulations 42 CFR 435.940 through 42 CFR 435.960. The SSN may also be used to match with records within the State Medicaid agency and in other state, federal, and/or local agencies, such as the Social Security Administration, Internal Revenue Services, and Employment Security.

Were parental rights terminated? _____ No _____ Yes

Hospital Representative Furnishing Information _____

Telephone No. _____ Date _____

III. HEALTH BENEFITS INFORMATION – TO BE COMPLETED BY MEDICAID REGIONAL OFFICE

Newborn is eligible for _____ Medicaid _____ CHIP

Health Benefits ID No. _____ Effective Date _____

Div. of Medicaid Worker _____ Date _____

REGIONAL OFFICE LISTING WITH PHONE AND FAX NUMBERS

| County Served | County Served | County Served |
|---|--|---|
| BRANDON REGIONAL OFFICE Supervisor - Lisa Smith Rankin 601-825-0477 - Phone Simpson 601-825-2184 - Fax Smith | BROOKHAVEN REGIONAL OFFICE Supervisor - Sarah Underwood Copiah 601-835-2020 - Phone Lawrence 601-833-5429 - Fax Lincoln | CANTON REGIONAL OFFICE Supervisor - Jerlin Parks Madison 601-859-3230 - Phone North Hinds 601-859-9526 - Fax |
| CLARKSDALE REGIONAL OFFICE Supervisor - Geneva Cotton Coahoma 662-627-1493 - Phone Quitman 662-627-5460 - Fax Tunica | CLEVELAND REGIONAL OFFICE Supervisor - Ivey Anderson Bolivar 662-843-7753 - Phone Sunflower 662-843-4609 - Fax | COLUMBIA REGIONAL OFFICE Supervisor - Annie Williams Covington 601-731-2271 - Phone Jeff Davis 601-736-7924 - Fax Marion |
| COLUMBUS REGIONAL OFFICE Supervisor - Jane Niles Lowndes 662-329-2190 - Phone Monroe 662-329-8581 - Fax | CORINTH REGIONAL OFFICE Supervisor - Elise Cornwell Alcorn 662-286-8091 - Phone Prentiss 662-287-9763 - Fax Tishomingo | GREENVILLE REGIONAL OFFICE Supervisor - Tonia Williams Washington 662-332-9370 - Phone 662-334-4577 - Fax |
| GREENWOOD REGIONAL OFFICE Supervisor - Deborah Woods Carroll 662-455-1053 - Phone Leflore 662-459-9754 - Fax Tallahatchie | GRENADA REGIONAL OFFICE Supervisor - Mary McIntyre Grenada 662-226-4406 - Phone Calhoun 662-226-8821 - Fax Montgomery Yalobusha | GULFPORT REGIONAL OFFICE Supervisor - Kim Crapps Harrison 228-863-3328 - Phone 228-868-0121 - Fax |
| HATTIESBURG REGIONAL OFFICE Supervisor - Barbara Lofton Forrest 601-264-5386 - Phone Lamar 601-261-1244 - Fax Perry | HOLLY SPRINGS REGIONAL OFFICE Supervisor - Martha Fant Benton 662-252-3439 - Phone Marshall 662-252-6843 - Fax Lafayette | JACKSON REGIONAL OFFICE Supervisor - Brin Jones South Hinds 601-961-4361 - Phone 601-961-4412 - Fax |
| KOSCIUSKO REGIONAL OFFICE Supervisor - Phyllis Peden Attala 662-289-4477 - Phone Choctaw 662-289-9420 - Fax Leake | LAUREL REGIONAL OFFICE Supervisor - Horace Hayes Greene 601-425-3175 - Phone Jones 601-425-9441 - Fax Wayne | McCOMB REGIONAL OFFICE Supervisor - Virginia Crimiel Amite 601-249-2071 - Phone Pike 601-249-4629 - Fax Walthall |
| MERIDIAN REGIONAL OFFICE Supervisor - Bob McHann Clarke 601-483-9944 - Phone Lauderdale 601-486-2988 - Fax | NATCHEZ REGIONAL OFFICE Supervisor - Sissy Allen Adams 601-445-4971 - Phone Franklin 601-442-0571 - Fax Jefferson Wilkinson | NEW ALBANY REGIONAL OFFICE Supervisor - Ann Simmons Pontotoc 662-534-0441 - Phone Tippah 662-534-7196 - Fax Union |
| NEWTON REGIONAL OFFICE Supervisor - Allen Muse Jasper 601-635-5205 - Phone Newton 601-635-5213 - Fax Scott | PASCAGOULA REGIONAL OFFICE Supervisor - Gary Cross George 228-762-9591 - Phone Jackson 228-762-7309 - Fax | PHILADELPHIA REGIONAL OFFICE Supervisor - Robert Burton Kemper 601-656-3131 - Phone Neshoba 601-656-7950 - Fax Noxubee Winston |
| PICAYUNE REGIONAL OFFICE Supervisor - Chris Freeland Hancock 601-798-0831 - Phone Pearl River 601-798-6753 - Fax Stone | SENATOBIA REGIONAL OFFICE Supervisor - Truly Payne Desoto 662-562-0147 - Phone Panola 662-562-7897 - Fax Tate | STARKVILLE REGIONAL OFFICE Supervisor - Cathy Crow Chickasaw 662-323-3688 - Phone Clay 662-324-1872 - Fax Oktibbeha Webster |
| TUPELO REGIONAL OFFICE Supervisor - Claire Tutor Itawamba 662-844-5304 - Phone Lee 662-840-9941 - Fax | VICKSBURG REGIONAL OFFICE Supervisor - Dorothy Jones Claiborne 601-638-6137 - Phone Issaquena 601-638-7186 - Fax Sharkey Warren | YAZOO CITY REGIONAL OFFICE Supervisor - Barbara Watson Holmes 662-746-2309 - Phone Humphreys 662-746-2645 - Fax Yazoo |