



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
NEWBORN ELIGIBILITY REPORT

ALL QUESTIONS MUST BE ANSWERED IN ORDER TO BE PROCESSED (Please Print Clearly)

Mother's Name _____
Last First M.I.

Mother's SSN | | | | _____ Date of Birth | | | _____
M M D D Y Y

Mother's Address
 (Street, City/State/Zip Code)

Mother's Medicaid/FAMIS/FAMIS MOMS Identification Number (12 Digits) _____

Mother's Assigned Managed Care Organization (MCO) Name, if applicable _____

Mother's Telephone Number, if known _____

Preferred Language _____

Newborn Information

	Full Name of Newborn(s)	Birth Date	Sex	Race
Last	First M.I.	MM/DD/YY		

- Note: Medicaid/FAMIS Plus eligibility for newborns begins on the date of birth, if the child is born to a Medicaid/FAMIS Plus eligible mother. Medicaid/FAMIS Plus newborns must be linked to their mother's case when enrolled in VAMMIS.**

Submitted by _____ Name/Title	Signature _____
Provider Name _____	Telephone # _____
Provider NPI _____	Email Address _____