

Department of Children and Families Procedures for Obtaining and Maintaining Medical Coverage for Youth Placed in Out of Home Care

[MA-1 Form](#)

What is it?

The [MA-1](#) is a one-page fill-in-the blank electronic form. It is the only method of initiating medical assistance for a child in foster care and must be completed for each child at the time of placement into foster care at the soonest possible time following removal from home and/or placement into foster care.

The [MA-1](#) is to be used for the initiation of medical coverage, updating changes in social worker, placement, in or out of state placements, or a discharge from care. It should be submitted as soon as possible when a change will be occurring on the case, to ensure that the child's information in the Eligibility Management System (EMS) is kept current, and insurance coverage is not affected.

Remember!
The **MA-1** is to be used for initiating medical coverage and for address/placement changes!

Where do I find the [MA-1](#)?

This form is located on the [DCF website](#), under "[Forms](#)" (top blue navigation bar, on the right. Go to DCF Forms, then scroll down to [MA-1](#))

Who do I send it to?

Once the form has been completed it should be sent for processing. To do this simply click File, Send To, Mail Recipient as Attachment, type DCF Medical Assistance into the address book. Click Send.

For more information contact your local [Health Advocate](#)