W-1HUSNFF
(New 3/07)

HUSKY
Healthcare for UninSured Kids and Youth

Newborn FastForm

Connecticut's HUSKY Plan pays for doctor visits, prescription drugs, vision and dental care and other medical services for children up to age 19. When you fill out and return this ***NewbornFastForm***, your child can get immediate HUSKY health care coverage. *Parents—if you need help with this* ***Newborn FastForm****, please call HUSKY at 1-888-441-7871 (toll-free). Please return it to :*

EXPEDITED ELIGIBILITY PROCESSOR: DETERMINATION DATE:

SECTION A: APPLICANT INFORMATION - MUST BE COMPLETED BY THE PERSON WHO IS APPLYING FOR THE CHILDREN.

Last Name	First Name	MI	Day Phone Number	Evening Phone Number

Street Address	City	State	Zip Code

Mailing Address	Date of Birth

Other Names You Have Used	Race/Ethnicity (optional)	Social Security Number*	What Language Do You Speak Best?

SECTION B: PLEASE LIST THE NEWBORN(S) YOU WANT HUSKY HEALTH INSURANCE FOR. *Optional if not asking for insurance for yourself

Last Name	First Name and Middle Initial	Relation to You	Social Security Number	Date of Birth	Gender M/F	Race/ Ethnicity	US Citizen? If No, fill out Section C
							θ Yes θ No
							θ Yes θ No
							θ Yes θ No

SECTION C: IMMIGRATION INFORMATION

Name	Date of Entry into US	INS Number	INS Status

SECTION D: HOUSEHOLD INFORMATION

Name of Parent/Guardian	Name of Child	Relationship

SECTION E: EARNED AND UNEARNED INCOME INFORMATION

Name of Person	Source of Income (Earned and Unearned) Include Employer Name, Address and Phone Number	Pay Before Deductions (including tips)	Date Started
		$ per	
		$ per	
		$ per	

SECTION F: DAY CARE EXPENSE INFORMATION

Name of Person	Amount Paid by You	How Often?	Day Care Provider Name, Address and Phone Number

SECTION G: MANAGED CARE PLAN SELECTION

(Select one) ☐ Anthem (A&B) ☐ Preferred One/Wellcare (A&B) ☐ CHN (A&B) ☐ HealthNet (B only)

SECTION H: READ CAREFULLY AND SIGN BELOW

I understand that this ***Newborn FastForm*** application is for an initial determination of HUSKY health coverage for my newborn so that coverage can begin immediately. I understand that I will have to submit a full HUSKY application form which will be provided to me so that a determination for ongoing health coverage can be made for my child. The information provided on this form is true to the best of my knowledge. I understand that if I am enrolled in HUSKY B, the State will waive my costs for the first 60 days and during that first 60 day period I may be approached by a representative to discuss the benefits of continuing my child's health insurance.

Signature Date Helper's Signature Date

INSTRUCTIONS for *Newborn FastForm*

Section A: Applicant Information

To be completed by the person who is applying for the children.

Section B: List the Children You Want Health Insurance for

Complete this section only for the children you are applying for, who are under the age of nineteen.

Section C: Immigration Information

Please provide immigration information only for the children you are applying for, who are under the age of nineteen, and who are not citizens.

Section D: Household Information

List all the people who live in your household who are the parent, stepparent, or spouse of the children who you are applying for, who are under the age of nineteen.

Section E: Earned and Unearned Income Information

Complete this section for anyone listed in Section B and Section D who either are employed or who receive income from another source. Some examples of other income are Unemployment Compensation, Social Security Benefits, Veteran Benefits, etc.

Section F: Day Care Expense Information

Please complete this section if you or anyone in the household pays for day care for a child or a disabled adult.

Section G: Managed Care Plan Selection

You must complete this section and choose of the available participating Managed Care Plans. Anthem, Wellcare/Preffered One and CHN participate in HUSKY A & HUSKY B. At this time, HealthNet only participates in HUSKY B.