

## **CHILD'S MEDICAL & SOCIAL INFORMATION** **BHSF Form MS/C**

### **Purpose:**

**BHSF Form MS/C** is used to record specific social data needed by the Medical Eligibility Determination Team to determine whether a **child** meets the eligibility factor of disability.

### **Preparation:**

All questions are completed by the parent/guardian/care-giver, or by an Application Center Representative, based on the statements of the child's parent or other person during the interview. Complete the paper form, or use the fillable form available on the "BHSF Forms" link on the online application homepage.

**NOTE:**        *This form is used in place of BHSF Form MS when requesting a disability decision for a minor child.*

**BHSF Form MS/C** is prepared as an original.

Items are self-explanatory.

Enter the name and phone number of person providing information.

Enter the date the form is completed.

### **Disposition:**

Forward the completed original **BHSF Form MS/C** to the appropriate Medicaid Office **daily**.