



VIRTUAL GATEWAY
Common Intake Process 
MassHealth

Change of Information Form

APPLICATION NUMBER:

DATE:

Facility Information

VG User ID: _____

Facility Name: _____

Sender's Phone No: _____

Sender's Name: _____

Head of Household (HOH) Information

Name: _____

DOB: _____

Soc. Sec. No: _____

In order to make corrections to data on the Common Intake Tool, this form must be completed and faxed to either the CPU or the MEC fax number, depending on the type of MassHealth application it is and when you are sending this form. CPU's fax number is 617-887-8799. MEC fax number is: 617-887-8777.

Please change the following information:

HEAD OF HOUSEHOLD (HOH): *Place checkmark ✓ beside each item and complete.*

- HOH Name _____
 HOH Address _____
 HOH Birth date _____
 HOH SS No. _____
 Other HOH Information _____

OTHER FAMILY MEMBERS: *Place checkmark ✓ beside each item and complete.*

- Family Member's Name _____
 Address _____
 Birth date _____
 SS No. _____
 Other Information _____
- Family Member's Name _____
 Address _____
 Birth date _____
 SS No. _____
 Other Information _____
- Family Member's Name _____
 Address _____
 Birth date _____
 SS No. _____
 Other Information _____

OTHER INFORMATION CHANGES: *Describe other requested changes.*

This facsimile transmittal may contain information that is privileged, confidential, or exempt from disclosure under applicable law is intended for the use of only the individual or department to which it is addressed. If you are not the recipient, or the employee or the agent responsible for the delivery of this transmittal to the intended recipient, please notify the sender by telephone at the above number and destroy the attached documents. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.