MassHealth Disability Supplement Form Instructions

If you prefer, you can fill in and submit the Adult or Child Disability Supplement (MADS-A or MADS-C), Authorization to Release Protected Health Information (MADS-MR), or the Authorized Representative Designation (ARD) Form online using any version of Adobe Acrobat, including the free version of Adobe Reader.

You can complete a medical releases MADS-MR as part of the MADS-A or MADS-C form but a stand-alone version is provided as well in case you need additional forms.

Once you have filled in all the required information for each form, Adobe will allow you to submit these forms electronically. A valid email address is needed to complete the form and verify your submission. The form will be forwarded to Disability Evaluation Services but not included as part of your MassHealth or Disability Evaluation Services case information.

Once you've submitted the form, you will get an email from Adobe Sign with a link you can click to sign the form electronically. This form will not be sent to Disability Evaluation Services until you have signed it electronically.

Once you have electronically signed the form, you will get an email from Adobe Sign with a PDF copy of the form for your records.

Important:

You must complete each form in one sitting. If you are not able to do so, you can print the application, fill it in by hand, and mail or fax it to the address or fax number on the form.

Please double-check your email address before submitting so the email will be sent to the right person.

Appointing an Authorized Representative to act on your behalf

If you would like to designate an authorized representative to act on your behalf, the Authorized Representative Designation (ARD) form at this link only will be sent to both MassHealth and Disability Evaluation Services.

You must include a valid email address for yourself and your authorized representative(s). These email addresses will be sent to MassHealth and Disability Evaluation Services but we will not keep them in your records.

Once you've submitted the form, you and your authorized representative(s) will get an email from Adobe Sign with a link you can click to sign the form electronically. This document will not be sent to MassHealth until you and any authorized representative(s) have signed electronically. If you do not all sign within 7 days, you and/or your authorized

representative(s) will get a reminder email. If you do not all sign within 15 days, the application will be deleted and not submitted to MassHealth.

Once all signatures have been received, you and your authorized representative(s) will get an email from Adobe Sign with a PDF copy of the ARD form for your records.

Important:

Please double-check all email addresses before submitting so emails will be sent to the right person.

You can also include a personal message to your authorized representative(s) when submitting the ARD form. If you include a message, be careful what you share, and do not include things like your Social Security number or health information.

Only the Section I form can be submitted using Adobe Sign. If you are completing Section II or Section III ARD Form, please print it and mail or fax it to us at the address or fax number on page 4 of the form.