

**Health Services  
Office of Medical Assistance Programs**

Joan Kapowich, Manager  
Program and Policy Section, OMAP

**Number:** OMAP IM 05-087  
**Issue Date:** 06/24/2005

**Authorized Signature**

**Topic:** Medical Benefits

**Subject:** Correction to the Newborn Notification Form (OMAP 2410)

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists |

**Message:** OMAP recently revised the Newborn Notification Form (OMAP 2410). The fax number referenced in the form, dated May 2005, is incorrect. The correct number is (503) 373-7493. We have revised the form. The revised OMAP 2410, with the correct fax number, is attached and available on the DHS Forms Web Site at: <http://www.oregon.gov/DHS/admin/forms/index.shtml>; click on "Find a DHS Form."

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Nancy Rudolf		
<b>Phone:</b>	(503) 945-6497	<b>Fax:</b>	
<b>E-mail:</b>	Nancy.Rudolf@state.or.us		

# NEWBORN NOTIFICATION FORM

Provider \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Contact Person \_\_\_\_\_

		Name	D.O.B.	SSN #	Prime #
Baby's Father					
Baby's Mother					
Baby	Baby's Gender M F				
Baby's Father					
Baby's Mother					
Baby	Baby's Gender M F				
Baby's Father					
Baby's Mother					
Baby	Baby's Gender M F				

Fill out and return to: **OHP Central Processing Branch**      **FAX: (503) 373-7493**  
**P O Box 14520**  
**Salem OR 97309-5044**