

**ICAMA FORM 7.03
REPORT OF CHANGE IN CHILD or FAMILY STATUS**

REASON FOR REPORTING: <i>Check appropriate box(es) and complete indicated section(s)</i>			
<input type="checkbox"/> Medicaid Case Open/Close <i>(complete Section C)</i>	<input type="checkbox"/> Medicaid Extension <i>(complete Section D)</i>	<input type="checkbox"/> Address Change <i>(complete Section E)</i>	<input type="checkbox"/> Adoption/Guardian Status Change AAA Terminated <i>(complete Section F)</i>

EFFECTIVE DATE FOR ALL CHANGES INDICATED BELOW - -

A. SENDING INFORMATION *(Required)*

TODAY'S DATE: January 10, 2012

FROM:
Include: Name, Agency, Mailing Address, Telephone Number, Fax Number and E-mail Address

TO:
Include: Name, Agency, Mailing Address, Telephone Number, Fax Number and E-mail Address

B. CHILD IDENTIFYING INFORMATION *(Required)*

	Legal Name	Birthdate <i>(xx xx xx)</i>	SSN <i>(xxxxxxxx)</i>	Basis of Medicaid Eligibility		
				Title IV-E	State-funded	GAP Title IV-E
Child A		- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child B		- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child C		- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADOPTIVE PARENT(S)/GUARDIAN(S):

Name: _____ Name: _____

C. CONFIRMATION OF MEDICAID CASE OPENING/CLOSING

Medicaid Case Opened	<input type="checkbox"/>	
Medicaid Case Closed	<input type="checkbox"/>	Please give reason for closure. <i>(If adoption has been dissolved, please indicate date of dissolution.)</i>

D. MEDICAID EXTENSION BEYOND AGE 18**1. To be completed by requesting state**

Request for extension of Medicaid	Please give reason for extension and attach current Adoption Assistance Agreement. <i>(Required to extend Medicaid)</i>
-----------------------------------	---

2. To be completed by residence state

Request Approved	Request Denied	Please give reason for denial.
<input type="checkbox"/>	<input type="checkbox"/>	

E. CHANGE IN ADDRESS**CURRENT FAMILY ADDRESS:**

Include: Name, Mailing Address, Telephone Number, and E-mail Address

NEW FAMILY ADDRESS:

Include: Name, Mailing Address, Telephone Number, and E-mail Address

F. CHANGE IN ADOPTION/GUARDIANSHIP STATUS**FINAL ADOPTION DECREE**

Yes	<input type="checkbox"/>
-----	--------------------------

ADOPTION/GUARDIANSHIP DISSOLVED

Yes	<input type="checkbox"/>
-----	--------------------------

ADOPTION ASSISTANCE AGREEMENT TERMINATED

Yes	<input type="checkbox"/>	Please give reason for termination.
-----	--------------------------	-------------------------------------

DISTRIBUTION:*Original with copy of current Adoption Assistance/Guardianship agreement to (new) Residence State**(1) copy to adoptive parent(s)**(1) file copy retained in issuing office*