Email completed form to: [help@aaicama.org](mailto:help@aaicama.org)

AAICAMA Technical Assistance (TA) Form

\* Required Information (*All information submitted to AAICAMA is confidential.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Requestor Information | | | | | |
| \* Name: | | State: | | | |
|  | | | | | |
| \* Date: Select Date | \* Urgency level: Choose an item. | Requested response: | | | Select Date |
| Communication | Please allow for a 2-week response time unless “High Urgency.” | *Please phone the National Office for follow-up: (202) 913-3226.* | | | |
|
|  | | | | | |
| \*Title: | Click or tap here to enter text. | | | | |
| State Agency: |  | | | | |
| \* Email Address: |  | | | | |
| \* Phone: |  | | | | |
|  | | | | | |
| Assistance State: |  | | States Involved | | |
| Resident State: |  | |
|  | | | | | |
| Case Specifics: | | | | | |
| \* Assistance Information *(Please check only one box):* | | | | | |
| The youth is eligible for federal, title IV-E adoption assistance | | | |  | |
| The youth is eligible for state-funded adoption assistance | | | |  | |
| The youth is eligible for federal, title IV-E GAP (guardianship assistance) | | | |  | |
| *Note: Any resident youth eligible for title IV-E eligible, is eligible for Medicaid.* | | | | | |
|  | | | | | |
| \* Please describe the case and list your question(s.) (*Box will enlarge to accommodate your text.)* | | | | | |
| Click or tap here to enter text. | | | | | |
| AAICAMA RESPONSE: | | | | | |
| \* Name: | | Date: Select Date | | | |
| Click or tap here to enter text. | | | | | |