Email completed form to: help@aaicama.org

AAICAMA Technical Assistance (TA) Form

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

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| --- |
| 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. |