**TODAY’S DATE: July 18, 2022**

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| This form can be used to transfer information from an Agreement State (state with which the family holds a Non-Title IV-E Guardianship Agreement) to a Resident State (state where the family currently resides.) |
| **Date Requested for Medicaid Opening:** Click to enter date. |
| 1. **REFERRAL INFORMATION**
 |
|  **FROM** |  Name: Title: State Agency:Mailing Address:  Telephone: Email: Note: Fax? Call for #: | Enter or paste your Contact information by clicking here. Field will expand as you enter text. |
|  |
|  **TO** |  Name: Title: State Agency:Mailing Address:  Telephone: Email: Note: Fax? Call for #: | Enter or paste Contact information by clicking here. Field will expand as you enter text. |
| 1. **CHILD INFORMATION**
 |
| **CHILD 1**  |
| Name: | Click here to enter name. |
| Social Security Number: | Click here to enter SSN. |
| Date of Birth (DOB): | Click here to enter DOB. |
| Gender: | Click here to enter text. |
| Race/Ethnicity: | Click here to choose an item. | If Other, please explain: Click here to enter text. |
| **Basis of Eligibility** | [ ]  NON-Title IV-E Guardianship Assistance  |
| **CHILD 2** |
| Name: | Click here to enter name.  |
| Social Security Number: | Click here to enter SSN. |
| Date of Birth (DOB): | Click here to enter DOB. |
| Gender: | Click here to enter text. |
| Race/Ethnicity: | Click here to choose an item. | If Other, please explain: Click here to enter text. |
| **Basis of Eligibility** | [ ]  NON-Title IV-E Guardianship Assistance  |
| **CHILD 3** |
| Name: | Click here to enter name. |
| Social Security Number: | Click here to enter SSN. |
| Date of Birth (DOB): | Click here to enter DOB. |
| Gender: | Click here to enter text. |
| Race/Ethnicity: | Click here to choose an item. | If Other, please explain: Click here to enter text. |
| **Basis of Eligibility** | [ ]  NON-Title IV-E Guardianship Assistance  |
| **CHILD 4**  |
| Name: | Click here to enter name. |
| Social Security Number: | Click here to enter SSN. |
| Date of Birth (DOB): | Click here to enter DOB. |
| Gender: | Click here to enter text. |
| Race/Ethnicity: | Click here to choose an item. | If Other, please explain: Click here to enter text.  |
| **Basis of Eligibility** | [ ]  NON-Title IV-E Guardianship Assistance  |
| **CHILD 5** |
| Name: | Click here to enter name. |
| Social Security Number: | Click here to enter SSN. |
| Date of Birth (DOB): | Click here to enter DOB. |
| Gender: | Click here to enter text. |
| Race/Ethnicity: | Click here to choose an item. | If Other, please explain: Click here to enter text. |
| **Basis of Eligibility** | [ ]  NON-Title IV-E Guardianship Assistance  |
| 1. **GUARDIAN or \*OTHER**
 |
| Name: | Click here to enter name. | Category: | Click here to choose an item. |
| Name: |  Click here to enter name. | Category: | Click here to choose an item. |
| **NEW STATE ADDRESS (Mailing address)** |
| Telephone: | Click here to enter telephone. | Email: | Click here to enter email. |
| Street: | Click here to enter street address. | City: | Click here to enter city. |
| County: | Click here to enter county. | State: | Click to select state. | Zip: | Click to enter Zip. |
| **PREVIOUS STATE ADDRESS (Mailing address)** |
| Telephone: | Click here to enter telephone. | Email: | Click here to enter email. |
| Street: | Click here to enter street address. | City: | Click here to enter city. |
| County: | Click here to enter county. | State: | Click to select state.  | Zip: | Click to enter Zip.  |
| \*If Other, please explain: Click here to enter text. Field will expand as you enter text. |
|  **Notes:** Enter notes by clicking here. Field will expand as you enter text. |
| 1. **CERTIFICATION**
 |
| This is to certify that the records of my state agency show the above-named child(ren) to be eligible for Medicaid. *Note: Receipt of Medicaid cannot be delayed or denied due to state, administrative practices.* |
| **Signature of State Official:****X**       *(Type authorizing name-as-signature here.)* | Date: **July 18, 2022** |
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**Note:** This form is provided as a courtesy to support state administration of children’s permanency. Guardianship Agreements are not under the jurisdiction of the Interstate Compact on Adoption and Medical Assistance (ICAMA.)