**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** | | |
|  | | | | | | | | | | | | | |

**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.)