**TODAY’S DATE: August 9, 2022**

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| --- |
| Effective date for all updates: Click to enter date. |
| 1. **REFERRAL INFORMATION**
 |
|  **FROM** |  Name: Title: State Agency: Telephone: Email:Note: Fax? Call for #: | Enter or paste your Contact information by clicking here. Field will expand as you enter text. |
| To search Contacts by state, visit: [ICAMA State Contacts-Full Information | AAICAMA](https://aaicama.org/icama-state-contacts-full-information/) |
|  **TO** |  Name: Title: State Agency: 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 to enter DOB. |
| **Basis of Eligibility** | [ ]  Title IV-E Adoption Assistance [ ]  NON-Title IV-E Adoption Assistance [ ]  Title IV-E Guardianship Assistance Program |
| **CHILD 2**  |
| Name: | Click here to enter name. |
| Social Security Number: | Click here to enter SSN. |
| Date of Birth (DOB): | Click to enter DOB. |
| **Basis of Eligibility** | [ ]  Title IV-E Adoption Assistance [ ]  NON-Title IV-E Adoption Assistance [ ]  Title IV-E Guardianship Assistance Program |
| **CHILD 3** |
| Name: | Click here to enter name. |
| Social Security Number: | Click here to enter SSN. |
| Date of Birth (DOB): | Click to enter DOB. |
| **Basis of Eligibility** | [ ]  Title IV-E Adoption Assistance [ ]  NON-Title IV-E Adoption Assistance [ ]  Title IV-E Guardianship Assistance Program |
| **CHILD 4**  |
| Name: | Click here to enter name. |
| Social Security Number: | Click here to enter SSN. |
| Date of Birth (DOB): | Click to enter DOB. |
| **Basis of Eligibility** | [ ]  Title IV-E Adoption Assistance [ ]  NON-Title IV-E Adoption Assistance [ ]  Title IV-E Guardianship Assistance Program |
| **CHILD 5** |
| Name: | Click here to enter name. |
| Social Security Number: | Click here to enter SSN. |
| Date of Birth (DOB): | Click to enter DOB. |
| **Basis of Eligibility** | [ ]  Title IV-E Adoption Assistance [ ]  NON-Title IV-E Adoption Assistance [ ]  Title IV-E Guardianship Assistance Program  |
| 1. **MEDICAID CASE OPENED WITH FORM 7.01**
 |
| [ ]  | Medicaid Case Number | Click here to enter Case Number. |
| [ ]  | Medicaid Case NOT Opened | Reason: Click here to enter text. Field will expand with text. |
| Status Update |
| **Reason** | [ ]  | Extension expired or not granted |
|  | [ ]  | Family moved to new state |
|  | [ ]  | Child-only moved to new state |
|  | [ ]  | Parent or Guardian no longer legally responsible for child(ren) |
|  | [ ]  | Parent or Guardian determined to no longer provide *any s*upport for child(ren) |
|  | [ ]  | Parent or Guardian opts out of Medicaid / Alternate insurance used |
|  | [ ]  | Other: Click here to enter text. |
| Information Update  |
| [ ]  | Name change: | Click here to enter text. |
| [ ]  | New or changed SSN: | Click here to enter new or changed SSN. | \*Please call to discuss: | Click here to enter Contact phone number. |
| [ ]  | Adoption/Guardianship finalized: | Date: Click to enter date. |
| [ ]  | Family moves within Residence State: | Click here to enter new Residence State address. |
| [ ]  | Family: New phone or email: | Click here to enter new phone and/or email. |
| [ ]  | Additional information: | Click here to enter text. |
|  **\*Notes:** Enter notes by clicking here. Field will expand as you enter text. |
| **D. ELIGIBILITY EXTENSION** |
| Eligibility for Assistance Extended: Eligibility is determined by Agreement State only. |
|[ ]  Title IV-E Assistance eligibility extended through: | Click to enter date. | Medicaid MUST remain open for Title IV-E recipients. |
|  |
|[ ]  NON-Title IV-E Assistance eligibility extended through: | Click to enter date. | Medicaid MUST remain open for NON-Title IV-E recipients. |
|  **Notes:** Enter notes by clicking here. Field will expand as you enter text. |
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