

Birthdate - - <i>(Please use digits)</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity* <input type="checkbox"/> Hispanic/Latino <i>*Check if applicable</i>
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Basis of Medicaid eligibility <i>(Check only one)</i>	Adoption Assistance <input type="checkbox"/> Title IV-E <input type="checkbox"/> State-funded	Guardianship Assistance Program <input type="checkbox"/> Title IV-E GAP
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2. ADOPTIVE PARENT(S)/GUARDIAN(S):

Parent/Guardian 1- Name:

Parent/Guardian 2- Name:

3. ADDRESS IN NEW OR CURRENT RESIDENCE STATE:

FAMILY ADDRESS: (Include: Name, Mailing Address, Telephone Number, and E-mail Address)

County: *(if known)*

E-mail: _____ AND/OR Telephone: _____

4. PREVIOUS ADDRESS (if applicable):

PRIOR FAMILY ADDRESS:
Include: Name, Mailing Address, Telephone Number, and E-mail Address

County: *(if known)*

E-mail: _____ AND/OR Telephone: _____

(If not the same as in Section 3 above)

5. CHILD IS NOT RESIDING WITH ADOPTIVE PARENT(S)/GUARDIAN(S):

For information purposes only. Case remains open and child remains eligible for Medicaid despite absence from adoptive home.

<input type="checkbox"/> <i>Inpatient Residential Treatment</i>	<input type="checkbox"/> <i>School</i>	<input type="checkbox"/> <i>Temporary absence from home</i>	<input type="checkbox"/> <i>Other (explanation below)</i>
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Other

Appendix
 5101:2-44-05.2
ICAMA FORM 7.5
Information Exchange—Cases Opened with ICAMA 6.01
EFFECTIVE DATE FOR ALL CHANGE(S) INDICATED BELOW - -

TODAY'S DATE: October 25, 2021

To copy and paste addresses go to:

<http://aaicama.org/cms/index.php/icama-forms/icama-primary-contacts-full-information>

FROM:	TO:
Include: Name, Agency, Mailing Address, Telephone Number, Fax Number and E-mail Address	

Child's Legal Name		Basis for Medicaid Eligibility	
		<input type="checkbox"/>	Title IV-E Adoption Assistance
		<input type="checkbox"/>	Non title IV-E Adoption Assistance
Legal SSN		<input type="checkbox"/>	Title IV-E GAP
Birthdate			
NEW INFORMATION			
Contact Information Change (include phone and/or email if available)			
<input type="checkbox"/>	Family move within residence state	New Address:	
<input type="checkbox"/>	Child-only move within residence state	New Address:	
		Reason:	
<input type="checkbox"/>	Family move to new state	New Address:	
<input type="checkbox"/>	Child-only move to new state	New Address:	
		Reason:	
<input type="checkbox"/>	Family new phone/email	New Phone/email:	
<input type="checkbox"/>	Child-only new phone/email	New Phone/email:	
<input type="checkbox"/>	Other Contact Information Change		
Child's Eligibility for Assistance Ends			
Medicaid case close			
<input type="checkbox"/>	Close Medicaid Case (Agreement State)	Reason:	