

ICAMA FORM 6.03 – REPORT OF CHANGE IN CHILD/FAMILY STATUS

SECTION A. – SENDING INFORMATION

Enter the date of form completion

Enter the compact administrator information from the current Secretariat list.

Check the appropriate boxes to indicate the changes being reported.

SECTION B. CHILD IDENTIFYING INFORMATION

Complete the last name and first name of the child, birth date and Social Security number

Complete the last names and first names of the adoptive parents.

Depending on the changes to be reported complete only the needed information section C, D, E or F.

SECTION C. CHANGE IN MEDICAID STATUS

Complete this section with the effective date of the opening of the Medicaid card in the resident state. This section is used to notify the adoption assistance state that the Medicaid card has been opened, the effective date of that opening and to provide the Medicaid ID number. Some states use correspondence, and others a form letter to notify the adoption assistance state of the opening of the Medicaid card.

SECTION D. CHANGE IN CASE STATUS

This section is used to notify the resident state that the adoption assistance case is active or has been closed. If closed, enter the date of closure and reason.

SECTION E. CHANGE IN ADDRESS

Report the date of an address change. Indicate the current address and the new family address. If moving to a new state, this notifies the current resident state to close the Medicaid card in that state. The completion of the 6.01 and 6.02 will notify the parent and the new resident state of the need to open the Medicaid card in that state.

SECTION F. CHANGE IN ADOPTION STATUS

This section is used to notify the resident state of changes in adoption status that may have an impact on continued Medicaid eligibility. Changes reported may include the finalization of an adoption where an agreement has shifted from an up-front subsidy to a finalized adoption. This section may report the issuance of a new agreement, or notification that an adoption has been terminated, either due to dissolution or because the child has “aged out” from adoption assistance. Complete the necessary items to report the adoption status changes.

ICAMA FORM 6.03
REPORT OF CHANGE IN CHILD\FAMILY STATUS

A. SENDING INFORMATION

TODAY'S DATE:

FROM: *Compact Administrator's Name:*

Number and Street:

County:

City:

State:

Zip: -

Telephone: - - (ext:)

TO: *Compact Administrator's Name:*

Number and Street:

County:

City:

State:

Zip: -

Telephone: - - (ext:)

REASON FOR REPORTING: (Check appropriate box)

- Address Change Adoption Status Change
 Update on Medicaid Status Change in Case Status

B. CHILD IDENTIFYING INFORMATION

(a) Child A's Name:

Birthdate:

Social Security #

(b) Child B's Name:

Birthdate:

Social Security #

(c) Child C's Name:

Birthdate:

Social Security #

2. ADOPTIVE PARENTS:

Parent 1:

Parent 2:

C. CHANGE IN MEDICAID STATUS

Child A	Child B	Child C
Medicaid Case Opened:	Medicaid Case Opened:	Medicaid Case Opened:
Medicaid Effective Date:	Medicaid Effective Date:	Medicaid Effective Date:
Medicaid ID #: <i>(New residence state)</i>	Medicaid ID #: <i>(New residence state)</i>	Medicaid ID #: <i>(New residence state)</i>

D. CHANGE IN CASE STATUS

Child A	Child B	Child C
Effective Date of Change:	Effective Date of Change:	Effective Date of Change:
Change is to <input type="checkbox"/> Active <input type="checkbox"/> Closed	Change is to <input type="checkbox"/> Active <input type="checkbox"/> Closed	Change is to <input type="checkbox"/> Active <input type="checkbox"/> Closed
Effective Date of Closing	Effective Date of Closing	Effective Date of Closing
Reason for closing:	Reason for closing:	Reasoning for closing:

E. CHANGE IN ADDRESS**1.EFFECTIVE DATE:****2.CURRENT FAMILY ADDRESS:**

Number and Street:

County:

State:

Zip

-

Telephone: - - (ext:)

3. NEW FAMILY ADDRESS:

Number and Street:

County:

State:

Zip

-

Telephone: : - - (ext:)

F. CHANGE IN ADOPTION STATUS**1. EFFECTIVE DATE:****2. ADOPTION ASSISTANCE AGREEMENT:**

Child A	Child B	Child C
Adoption Assistance State:	Adoption Assistance State:	Adoption Assistance State:
Effective Date <i>Original agreement</i>	Effective Date <i>Original agreement</i>	Effective Date <i>Original agreement</i>
Expiration Date <i>Original Agreement</i>	Expiration Date <i>Original Agreement</i>	Expiration Date <i>Original Agreement</i>
Effective Date <i>Current Agreement</i>	Effective Date <i>Current Agreement</i>	Effective Date <i>Current Agreement</i>
Expiration Date <i>Current Agreement</i>	Expiration Date <i>Current Agreement</i>	Expiration Date <i>Current Agreement</i>

3. FINAL ADOPTION DECREE:

Child A	Child B	Child C
Pending <input type="checkbox"/> Yes <input type="checkbox"/> No*	Pending <input type="checkbox"/> Yes <input type="checkbox"/> No*	Pending <input type="checkbox"/> Yes <input type="checkbox"/> No*
*Date of Final Decree:	*Date of Final Decree:	*Date of Final Decree:
ICPC Notification Made via 100B <input type="checkbox"/> Yes <input type="checkbox"/> No	ICPC Notification Made via 100B <input type="checkbox"/> Yes <input type="checkbox"/> No	ICPC Notification Made via 100B <input type="checkbox"/> Yes <input type="checkbox"/> No

4. ADOPTION TERMINATED:

Child A	Child B	Child C
Has Adoption Terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Has Adoption Terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Has Adoption Terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No
*If Yes, Give Date	*If Yes, Give Date	*If Yes, Give Date

DISTRIBUTION: Prepare original and two (2) copies. Reporting state retains original (1); recipient state retains one (1); adoptive parents receive one (1).