

**ICAMA FORM 7.03  
REPORT OF CHANGE IN CHILD or FAMILY STATUS**

<b>REASON FOR ISSUANCE of 7.03:</b> <i>Check appropriate box(es) and complete indicated section(s)</i>			
<input type="checkbox"/> Medicaid Case Open/Close <i>(complete Section C)</i>	<input type="checkbox"/> Medicaid Extension <i>(AA/GAP extended)</i> <i>(complete Section D)</i>	<input type="checkbox"/> Address Change <i>(complete Section E)</i>	<input type="checkbox"/> Adoption/Guardian Status Change AAA Terminated <i>(complete Section F)</i>

**EFFECTIVE DATE FOR ALL CHANGES INDICATED BELOW**      -   -

**SECTIONS A and B MUST BE COMPLETED**

**A. SENDING INFORMATION (Required)**

**TODAY'S DATE:** March 22, 2012

**FROM:**

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

**TO:**

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

**B. CHILD IDENTIFYING INFORMATION (Required)**

	*Legal Name	Birthdate <i>(xx xx xx)</i>	SSN <i>(xxxxxxxx)</i>	Basis of Medicaid Eligibility		
				Adoption Assistance		GAP
				Title IV-E	State-funded	Title IV-E
Child A		- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child B		- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child C		- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADOPTIVE PARENT(S)/GUARDIAN(S):**

Name:

Name:

**C. MEDICAID CASE OPENED/CLOSED**

Medicaid Case Opened	<input type="checkbox"/>	
Medicaid Case Closed	<input type="checkbox"/>	Please give reason for closure. <i>(If adoption has been dissolved, please indicate date of dissolution.)</i>

**D. AGREEMENT EXTENDED PAST AGE 18**

**To be completed by Adoption/Guardianship Assistance state**

**A. Title IV-E Eligible Child**

**Title IV-E** AA/guardianship agreement extended past age 18.

Extension of title IV-E Medicaid **Required\*** through:

- - (xx xx xx)

Please attach extension documentation. (i.e. Agreement, letter, addendum, etc).  
(Required to extend Medicaid)

**\*Under Federal law, Medicaid coverage is required for all title IV-E eligible children as long as an agreement remains in effect. Cite: SSA sections 471, 473 and 1902, CW Policy Manual, Sect. 8.2B.8**

**B. Non- title IV-E Eligible Child**

**Non-title IV-E** AA agreement extended past age 18.

Extension of Medicaid **Requested** through:

- - (xx xx xx)

Please give reason for extension and attach extension documentation. (i.e. Agreement, letter, addendum, etc).  
(Required to extend Medicaid)

**2. To be completed ONLY by the residence state ONLY for a State-funded Adoption Assistance eligible child.**

Request Approved	Request Denied
<input type="checkbox"/>	<input type="checkbox"/>

Please give reason for denial

**E. CHANGE IN ADDRESS**

**PRIOR FAMILY ADDRESS:**

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

County: (if known)

**NEW FAMILY ADDRESS:**

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

County: (if known)

**F. CHANGE IN ADOPTION/GUARDIANSHIP STATUS**

**FINAL ADOPTION DECREE**

Yes

**ADOPTION/GUARDIANSHIP DISSOLVED**

Yes

**TITLE IV-E ADOPTION ASSISTANCE AGREEMENT TERMINATED**

Yes

Reason for Termination:

- Child has attained the age of 18 (or 21 and has mental/physical disability that warrants continuation of assistance)
- Adoptive parents are no longer legally responsible for support of the child
- State determined that the adoptive parents are no longer providing ANY support to the child.

<b>TITLE IV-E GAP AGREEMENT TERMINATED</b>		
Yes	<input type="checkbox"/>	Reason for Termination:
<b>STATE-FUNDED ADOPTION ASSISTANCE AGREEMENT TERMINATED</b>		
Yes	<input type="checkbox"/>	Reason for Termination:

**DISTRIBUTION:**

*Recipient state receives (1) (with extension documentation if required)*

*Reporting state retains (1)*

*Parents receive one (1)*