

**ICAMA FORM 7.5 Additional**  
 (only to be used in conjunction with the ICAMA 7.5)  
**Additional Children**

Information Exchange—Cases Opened with ICAMA 6.01

Child's Name on 7.5			
<b>ADDITIONAL CHILDREN</b>			
Child's (2) Legal Name		<b>Basis for Medicaid Eligibility</b>	
		<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		Child 2 of	
Child's (3) Legal Name		<b>Basis for Medicaid Eligibility</b>	
		<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		Child 3 of	
Child's (4) Legal Name		<b>Basis for Medicaid Eligibility</b>	
		<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		Child 4 of	
Child's (5) Legal Name		<b>Basis for Medicaid Eligibility</b>	
		<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		Child 5 of	

ACTION	
<input type="checkbox"/>	Medicaid Cases Open
<input type="checkbox"/>	Medicaid Case Not Open
<input type="checkbox"/>	Close Medicaid Case (Agreement State)
<input type="checkbox"/>	Medicaid Case Closing (Residence State)
<input type="checkbox"/>	Contact Information Change
<input type="checkbox"/>	Eligibility for Assistance Extended (Agreement State)
<input type="checkbox"/>	State-funded adoption assistance eligibility—Medicaid response (Residence State)
<input type="checkbox"/>	Case Change Information
<input type="checkbox"/>	New SSNs
<input type="checkbox"/>	Other

Please attach to the ICAMA 7.5

