ICAMA FORM 7.03
REPORT OF CHANGE IN CHILD or FAMILY STATUS

REASON FOR ISSUANCE of 7.03: *Check appropriate box(es) and complete indicated section(s)*

☐ Medicaid Case Open/Close	☐ Medicaid Extension *(AA/GAP extended)*	☐ Address Change	☐ Adoption/Guardian Status Change AAA Terminated
(complete Section C)	*(complete Section D)*	*(complete Section E)*	*(complete Section F)*

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 *(xx xx xx)*	SSN *(xxxxxxxxx)*	Basis of Medicaid Eligibility		
				Adoption Assistance		GAP
				Title IV-E	State-funded	Title IV-E
Child A		- -		☐	☐	☐
Child B		- -		☐	☐	☐
Child C		- -		☐	☐	☐

ADOPTIVE PARENT(S)/GUARDIAN(S):

Name: Name:

C. MEDICAID CASE OPENED/CLOSED

Medicaid Case Opened	☐	
Medicaid Case Closed	☐	Please give reason for closure. *(If adoption has been dissolved, please indicate date of dissolution.)*

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	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.

TITLE IV-E GAP AGREEMENT TERMINATED		
Yes	☐	Reason for Termination:
STATE-FUNDED ADOPTION ASSISTANCE AGREEMENT TERMINATED		
Yes	☐	Reason for Termination:

DISTRIBUTION:
Recipient state receives (1) (with extension documentation if required)
Reporting state retains (1)
Parents receive one (1)