

**ICAMA FORM 6.02
NOTICE OF ACTION**

SECTION A. NOTIFICATION			
TO: ADOPTIVE PARENT(S): _____ Name(s) of Adoptive Parent(s)			
ADOPTIVE PARENT(S) CURRENT ADDRESS			
Mailing Address		City	State Zip Code
County		Telephone Number ()	
We have been notified that your child(ren) will be living at the address below on _____. Date			
ADOPTIVE PARENT(S) NEW RESIDENCE ADDRESS			
Mailing Address		City	State Zip Code
County		Telephone Number ()	
CHILD A	First Name	MI	Last Name
	Type of Adoption Assistance <input type="checkbox"/> IV-E <input type="checkbox"/> State Funded		
CHILD B	First Name	MI	Last Name
	Type of Adoption Assistance <input type="checkbox"/> IV-E <input type="checkbox"/> State Funded		
CHILD C	First Name	MI	Last Name
	Type of Adoption Assistance <input type="checkbox"/> IV-E <input type="checkbox"/> State Funded		
FROM:	Compact Administrator's Name		Telephone Number
	Mailing Address		
	City	State	Zip Code
	FAX Number	Email Address	
	Today's Date		
SECTION B STATUS OF NEW RESIDENCE STATE			
New residence state <input type="checkbox"/> IS <input type="checkbox"/> IS NOT a member of the Interstate Compact on Adoption and Medical Assistance (ICAMA).			

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SECTION C CHILDREN RECEIVING IV-E ADOPTION ASSISTANCE

1. ICAMA Form 6.02 notifies you, the adoptive family, that this office has sent the necessary information to your new State of Residence informing it that your child(ren) is/are eligible to receive Medicaid in that State so that Medicaid Identification may be may be issued.
2. Contact your child(ren)'s new Residence State Adoption Compact Administrator named in **Section D** of the attached ICAMA Form 6.01 to determine what steps, if any, you need to take in order to receive a Medicaid Identification Card in your new State of Residence.
3. You may be instructed by the Compact Administrator to contact the Medicaid Office to obtain a new Medicaid Identification. You may be asked to complete an assignment of rights for medical support and payment. You may also be asked to provide other necessary information. Your new Medicaid Office will also be able to provide you with information about the benefits available in the (new) residence State.
4. If you are moving to a State that is not a member of ICAMA as indicated above, you may need to go to your local Medicaid Office in the new State of residence with these forms to apply for Medicaid on behalf of your child(ren). If you encounter a problem, contact the Compact Administrator listed on this form.

SECTION D CHILDREN RECEIVING STATE-FUNDED ADOPTION ASSISTANCE

1. If your child is receiving state-funded adoption assistance as indicated in Section A of this form, then your child(ren) is/are not automatically eligible to receive Medicaid in the new State of Residence.
2. If your State of residence is a member of ICAMA as indicated in Section B of this form, then contact the Compact Administrator in the new State of residence as identified on **Form 6.01**.
3. If your new State of residence is not a member of ICAMA, you need to go to the local department of social services in the new State of Residence and inquire about receiving medical assistance. If you have questions, contact your state's adoption assistance Compact Administrator as identified in **FORM 6.01, Section D**.