

**ICAMA FORM 6.02  
NOTICE OF ACTION**

**A. NOTIFICATION**

**TO:** *Adoptive Parents:*

**CURRENT FAMILY ADDRESS:**

Number and Street:

City:

County:

State:

Zip:

Telephone:

ext.

We have been notified that on or about

your child(ren) will be living at the address below.

**NEW FAMILY ADDRESS:**

Number and Street:

City:

County:

State:

Zip:

Telephone:

ext.



2. Contact your child'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 card. 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 residence State 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.

#### **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 is 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**.