

ICAMA Request

FROM					TODAY'S DATE			
<p>PLEASE CHECK ONE</p> <p><input type="checkbox"/> New ICAMA request*</p> <p><input type="checkbox"/> Change of address within current state</p> <p><input type="checkbox"/> Request to close Medicaid in one state/open in another*</p> <p><input type="checkbox"/> Request to close out ICAMA (Reason:)</p> <p><input type="checkbox"/> Request to extend ICAMA past age 18**</p> <p>*Please attach a copy of the most recent Adoption Support Agreement OR RGAP Guardianship Agreement with all new ICAMA requests.</p> <p>**Please attach a letter from the school indicating the child continues to attend school fulltime along with their expected graduation date.</p>								
CHILD'S NAME	GENDER M / F	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	IVE? YES NO			
					<input type="checkbox"/>	<input type="checkbox"/>		
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					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
ADOPTIVE or GUARDIANSHIP PARENTS NAMES								
OLD ADDRESS				NEW ADDRESS				
CITY	STATE	ZIP CODE	CITY				STATE	ZIP CODE
CONTACT NUMBER				EMAIL ADDRESS				
EFFECTIVE DATE								
ADDITIONAL INFORMATION AS NEEDED:								