

**ICAMA FORM 6. 03
REPORT OF CHANGE IN CHILD/FAMILY STATUS**

A. SENDING INFORMATION

TODAY'S DATE: _____

FROM:
Deputy Compact Administrator's Name: _____

Address: _____

County: _____ Telephone #: _____

TO:
Compact Administrator's Name: _____

Address: _____

County: _____ Telephone #: _____

REASON FOR REPORTING: (Check Appropriate Box(es))

- | | |
|--|---|
| <input type="checkbox"/> Address Change | <input type="checkbox"/> Adoption Status Change |
| <input type="checkbox"/> Update on Medicaid Status | <input type="checkbox"/> Change in Case Status |

B. CHILD IDENTIFYING INFORMATION

1. NAME/BIRTH DATE/SOCIAL SECURITY NUMBER

Child 1 Child's Name: _____

Birth Date: _____ Social Security Number: _____

Child 2 Child's Name: _____

Birth Date: _____ Social Security Number: _____

Child 3 Child's Name: _____

Birth Date: _____ Social Security Number: _____

2. ADOPTIVE PARENT(S):

Parent 1: _____

Parent 2: _____

C. CHANGE IN MEDICAID STATUS

Child 1

1. Medicaid Case Opened: _____

2. Medicaid Effective Date: _____

3. New Residence State Medicaid Identification Number: _____

D. CHANGE IN CASE STATUS

Child 1

1. **Effective Date of Change:** _____

2. **Change is to:** Active Closed

If "closed," give date and reason:

E. CHANGE IN ADDRESS

1. **EFFECTIVE DATE:** _____

2. **CURRENT FAMILY ADDRESS**

County: _____ Telephone: _____

3. **NEW FAMILY ADDRESS:**

County: _____ Telephone: _____

F. CHANGE IN ADOPTION STATUS

Child 1

1. **EFFECTIVE DATE:** _____

2. **ADOPTION ASSISTANCE AGREEMENT:**

A. Name of Adoption Assistance State: _____

B. Original Agreement Effective Date: _____ Expired: _____

C. Current Agreement Effective Date: _____ Expired: _____

3. **FINAL ADOPTION DECREE:**

Date Issued: _____ Pending: Yes No

ICPC Notification made via 100B

4. **ADOPTION TERMINATED**

Has adoption terminated? Yes No If "Yes" Date: _____

DISTRIBUTION: Prepare original (1) and two (2) copies. Reporting state retains one (1); recipient state retains one (1); adoptive parents receive one (1).