

**A. SENDING INFORMATION**

TODAY'S DATE: January 10, 2012

**FROM:** Compact Administrator's Name:

Number and Street:

County:

City:

State:

Zip: -

**TO:** Compact Administrator's Name:

Number and Street:

County:

City:

State:

Zip: -

Telephone: - - (ext: )

**REASON FOR REPORTING:** (Check appropriate box) Address Change Adoption Status Change Update on Medicaid Status Change in Case Status**B. CHILD IDENTIFYING INFORMATION**

(a) Child A's Name:

Birthdate:

Social Security #

(b) Child B's Name:

Birthdate:

Social Security #

(c) Child C's Name:

Birthdate:

Social Security #

**2. ADOPTIVE PARENTS:**

Parent 1:

Parent 2:

**C. CHANGE IN MEDICAID STATUS**

Child A

Child B

Child C

Medicaid Case Opened:

Medicaid Case Opened:

Medicaid Case Opened:

Medicaid Effective Date:

Medicaid Effective Date:

Medicaid Effective Date:

Medicaid ID #:  
(New residence state)Medicaid ID #:  
(New residence state)Medicaid ID #:  
(New residence state)**D.CHANGE IN CASE STATUS**

Child A

Child B

Child C

Effective Date of Change:

Effective Date of Change:

Effective Date of Change:

Change is to  Active  ClosedChange is to  Active  ClosedChange is to  Active  Closed

Effective Date of Closing

Effective Date of Closing

Effective Date of Closing

Reason for Closing:

Reason for Closing:

Reason for Closing:

**E. CHANGE IN ADDRESS****1.EFFECTIVE DATE:****2.CURRENT FAMILY ADDRESS:**

Number and Street:

County:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ -

Telephone: - - (ext: \_\_\_\_\_ )

**3. NEW FAMILY ADDRESS:**

Number and Street:

County:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ -

Telephone: : - - (ext: \_\_\_\_\_ )

**F. CHANGE IN ADOPTION STATUS****1. EFFECTIVE DATE:****2. ADOPTION ASSISTANCE AGREEMENT:**

Child A	Child B	Child C
Adoption Assistance State:	Adoption Assistance State:	Adoption Assistance State:
Effective Date <i>Original agreement</i>	Effective Date <i>Original agreement</i>	Effective Date <i>Original agreement</i>
Expiration Date <i>Original Agreement</i>	Expiration Date <i>Original Agreement</i>	Expiration Date <i>Original Agreement</i>
Effective Date <i>Current Agreement</i>	Effective Date <i>Current Agreement</i>	Effective Date <i>Current Agreement</i>
Expiration Date <i>Current Agreement</i>	Expiration Date <i>Current Agreement</i>	Expiration Date <i>Current Agreement</i>

**3. FINAL ADOPTION DECREE:**

Child A	Child B	Child C
Pending <input type="checkbox"/> Yes <input type="checkbox"/> No*	Pending <input type="checkbox"/> Yes <input type="checkbox"/> No*	Pending <input type="checkbox"/> Yes <input type="checkbox"/> No*
*Date of Final Decree:	*Date of Final Decree:	*Date of Final Decree:
ICPC Notification Made via 100B <input type="checkbox"/> Yes <input type="checkbox"/> No	ICPC Notification Made via 100B <input type="checkbox"/> Yes <input type="checkbox"/> No	ICPC Notification Made via 100B <input type="checkbox"/> Yes <input type="checkbox"/> No

**4. ADOPTION TERMINATED:**

Child A	Child B	Child C
Has Adoption Terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Has Adoption Terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Has Adoption Terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No
*If Yes, Give Date	*If Yes, Give Date	*If Yes, Give Date

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