

**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 <input type="checkbox"/> Active <input type="checkbox"/> Closed	Change is to <input type="checkbox"/> Active <input type="checkbox"/> Closed	Change is to <input type="checkbox"/> Active <input type="checkbox"/> 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).