

**ICAMA Form 7.02 (interim) Notice to Families**

Dear Adoptive Parent/Guardian,

**The attached copy of the ICAMA Form 6.01 is for your information only.**

**YOU DO NOT NEED TO TAKE ANY ACTION.**

The child listed on the attached ICAMA 6.01 form is eligible for:

**Title IV-E adoption assistance/guardianship assistance**—Title IV-E eligibility guarantees Medicaid receipt in all states. The original of the attached ICAMA Form 6.01 has been sent to your new state. It states that the child listed on the ICAMA 6.01 is entitled to Medicaid and directs the new state to open a Medicaid case for that child.

You may be asked to supply additional information in your new state; however, you should not be asked or required to complete a Medicaid application or apply at the Medicaid office in your new state. If you are asked to do so, please contact this office.

**OR**

**State-funded adoption assistance**—this means that the child listed on the ICAMA 6.01 is eligible for Medicaid in all states except: Hawaii, Illinois, Nevada, and New Mexico. These 4 states do not provide Medicaid to resident children who have a state-funded adoption assistance agreement with another state. If you are moving to any of these states, talk with your adoption worker about trying to arrange medical assistance through another program (e.g. CHIP, SSI, etc) or under your Adoption Assistance Agreement.

—If you do not receive a Medicaid number or card before your child needs medical coverage in the new residence state please contact this office.

—If you do not receive a Medicaid card from your new state within 6 weeks, please contact this office.

Please take a few minutes to read the enclosed *Important Information for Families*. It is a valuable reference that will help make your family's transition to your new state easier.

Our agency wishes you the best in your new home.

Sincerely,

ICAMA Administrator  
Enc: ICAMA 6.01, 7.02b