



**Arkansas Department of Human Services  
Division of Children and Family Services  
Notification of Adoption for Medicaid**

To: DCFS Eligibility Unit ATTN: \_\_\_\_\_

From: \_\_\_\_\_ Phone # \_\_\_\_\_

Date: \_\_\_\_\_ Family Residence County: \_\_\_\_\_

Preadoptive Information			
Last :	First :	Middle :	Suffix :
_____	_____	_____	_____
Old SSN: _____		CHRIS FC ID: _____	
Adoption Information			
Last :	First :	Middle :	Suffix :
_____	_____	_____	_____
New SSN: _____	CHRIS Adoption ID: _____	Date Adopted: _____	
Adoptive Family Address ( <i>full mailing address</i> ):		Phone #:	
		_____	
<input type="checkbox"/> Check if new Medicaid card is requested			
Does the child need a <u>new identity</u> in the Medicaid system?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Comments:			
Signature: _____			

**The following information must be presented to the Social Security Administration to facilitate a name change for the adopted child's Social Security Number.**

- A completed SS-5 Application for Name Change
- Corrected Birth Certificate
- Court Order/Supplemental Adoption Order (or document showing the old and new names)
- Identification for the Child
- Identification and relationship for the Individual signing the SS-5 Application Form

## **REPORTING RESPONSIBILITIES FOR THE MEDICAID PROGRAM:**

**It is your responsibility to report the following changes for the Medicaid Program. The changes may be reported by contacting the DCFS Eligibility Unit.**

**Phone:** 501-682-8889

**Fax:** 501-682-2109

**Mail:** Arkansas Department of Human Services  
DCFS Eligibility Unit  
PO Box 1437 Mail Slot S571  
Little Rock AR 72203

Report the following changes to the DCFS Eligibility Unit within 10 days of the date the change begins.

- A change in mailing or residential address
- A form of insurance other than Medicaid begins or ends
- The adoption subsidy ends
- The child no longer lives in your home
- The child dies
- The child enters or exits a public institution.

A public institution is one for which a governmental unit exercises administrative control. This control can exist when a facility is actually an organizational part of a government unit, or when a governmental unit exercises final administrative control. **Public institutions include county jails, state and federal penitentiaries, juvenile detention centers, and other correctional or holding facilities. Wilderness camps and boot camps are considered public institutions if a governmental unit has any degree of administrative control.**

**NOTICE: It is your continuing obligation to report the above changes which might affect your eligibility for Medicaid. Changes must be reported within 10 days of occurrence.**