



**Arkansas Department of Human Services
Division of Children and Family Services
REQUEST TO OPEN A MEDICAID ACCOUNT ON AN ICPC CASE**

Note: Before a Family Service Worker may provide services to an out-of-state foster child placed in Arkansas, the following forms must be completed and information provided:

- ICPC 100A signed by Arkansas ICPC stating that "Placement in Arkansas is approved" AND
- ICPC 100B signed by the SENDING STATE ICPC indicating the child's placement in Arkansas
- Proof of Citizenship (i.e. Birth Certificate or other birth documents)

TO: DCFS Medicaid Eligibility Unit, P.O. Box 1437 Slot S571, Little Rock, AR 72203

FROM: Name _____ County _____

RE: Request to Open a Medicaid Account on an ICPC Child Placed in Arkansas

Child's Name _____ **Date of Birth** _____

Soc. Sec. Number _____ **Race** _____

Sex _____ **Date Sending State Closed Medicaid** _____

(Acquire date from ICPC)

This Child: is Title IV-E eligible (If eligible, attach the IV-E verification)
 is not Title IV-E eligible

Placement Resource: (PLEASE TYPE OR PRINT)

1. **Date child entered placement** _____
2. **Name of placement** _____
3. **Street address of placement** _____
4. **City, state, zip code of placement** _____
5. **County of placement** _____
6. **Telephone Number of placement** _____

Name of Arkansas Family Service Worker: _____

Comments:

Medicaid Assistant's Name (if applicable)

Family Service Worker Name (if applicable)

Medicaid Assistant's Signature (if applicable)

Family Service Worker Signature (if applicable)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)