

INSTRUCTIONS FOR FORM CFS-494

Purpose: The CFS-494 form is completed and sent to the DCFS Eligibility Unit when a foster child is adopted and the child qualifies for Arkansas Medicaid. The form is used to request a name and address change for the adopted child. The form is also used to request a new Medicaid card and to alert the Eligibility Unit if the child's adopted identity needs to be separated from the child's biological identity in the Medicaid system.

Item	Completion
To:	Enter the name of individual in the DCFS Eligibility Unit to whom the form is being sent.
From:	Enter the sender's name.
Phone#	Enter the sender's phone number.
Date:	Enter today's date.
Family Residence County:	Enter the county in which the adopted family resides.
Preadoptive Information	
Last:	Enter the child's preadoptive last name.
First:	Enter the child's preadoptive first name.
Middle:	Enter the child's preadoptive middle name.
Suffix:	Enter the child's preadoptive suffix, if applicable. (Jr., III, etc.)
Old SSN:	Enter the child's preadoptive Social Security Number.
CHRIS FC ID:	Enter the child's foster care CHRIS ID.
Adoption Information	
Last:	Enter the child's adopted last name.
First:	Enter the child's adopted first name.
Middle:	Enter the child's adopted middle name.
Suffix:	Enter the child's adopted suffix, if applicable. (Jr., III, etc.)
New SSN:	Enter the child's adopted Social Security Number.
CHRIS Adoption ID:	Enter the child's adoption CHRIS ID.
Date Adopted:	Enter the date the adoption was finalized.
Adoptive Family Address:	Enter the full mailing address of the adoptive family.
Phone #:	Enter the phone number of the adoptive family including Area Code.
Check if new Medicaid card is requested	Check this item if a new Medicaid card is to be issued to the adoptive family.
Does the child need a new identity in the Medicaid system?	Check Yes or No to indicate if there is a need to break the adoptive from the biological identity in the Medicaid system. This will likely result in a new Medicaid number for the child.
Comments:	Enter any comments needed.
Signature:	Sign the form.

The reverse side of the form should be copied and given to the adoptive family. The information in the upper portion is provided to assist the family with presenting information to the Social Security Administration to update the adopted child's information with the federal agency. The information in the lower section is provided to inform the family of its reporting responsibilities for the Medicaid Program.