



REFERRAL TO MEDICAID FOSTER CARE INDEPENDENCE PROGRAM

State Form 53241 (7-07) / CW 3341
DEPARTMENT OF CHILD SERVICES

Use of the Referral by the Department of Child Services (DCS):

- A ward loses eligibility for Title IV-E FC Medicaid and must be considered for eligibility in another Medicaid/Hoosier Healthwise category.

Complete this form, attach a completed Application for Hoosier Healthwise, State Form 43202 / FI 2030, and forward it to the local Office of Family Resources.

- A ward on Medicaid/Hoosier Healthwise in a category other than Title IV-E FC is released from the custody of DCS.

If the ward was in a foster care placement on his or her 18th birthday, complete the form and forward it to the Office of Family Resources.

Use of the Referral by the Office of Family Resources:

A completed, signed, and dated copy of this form from DCS is to be used to enter data into ICES. It is to be retained in the Hoosier Healthwise case file as verification necessary to determine eligibility in the Foster Care Independence category of Hoosier Healthwise.

INDIVIDUAL INFORMATION			
Name of individual		Type of ward <input type="checkbox"/> CHINS <input type="checkbox"/> Ward of court with DCS supervision	
Number of county that held wardship		Name of county that held wardship	
Social Security number X X X - X X - ____ ____ ____ ____	Date of birth (month, day, year)	Medicaid RID (if known)	

CERTIFICATION OF FOSTER CARE PLACEMENT BY DEPARTMENT OF CHILD SERVICES		
The individual named above was in foster care placement on his / her 18th birthday. <input type="checkbox"/> Yes <input type="checkbox"/> No		Date wardship released (month, day, year)
Name of DCS staff verifying foster care placement		Date (month, day, year)
Title	Telephone number ()	E-mail address

The information contained on this form will be kept strictly confidential as part of the individual's Hoosier Healthwise / Medicaid case file and will be used only for the purpose of determining his or her eligibility for the program.

DISTRIBUTION: Hard copy: White - Local Office of Family Resources; Canary - Child's file
Electronic copy: Copy 1 - Local Office of Family Resources; Copy 2 - Child's file