

INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA)  
REPORT OF CHANGE IN CHILD/FAMILY STATUS (CD ICAMA 6.03) INSTRUCTIONS

**PURPOSE:**

Form CD ICAMA 6.03, Report of Change in Child/ Family Status, is a form that is consistent to all Compact member states. This form must be completed by the adoption worker and is submitted to the ICAMA Coordinator. The form must be submitted if there is a change in the adoption, case of Medicaid status of a child/ren or there is an address change for a family residing outside of Missouri.

**COPIES & DISTRIBUTION:**

This is a two (2) page form. The Children's Service Worker should retain one copy to be placed in the child/ren's adoption record.

**INSTRUCTIONS FOR COMPLETION:**

*This form may be typed or handwritten, as long as the handwriting is clearly legible.* This form is available in a fillable format on CD E-Forms.

**SECTION A – SENDING INFORMATION**

Today's Date – enter date form is being completed

TO: Compact Administrator's Name – enter the State the form is going to;

**REASON FOR REPORTING:** Indicate why the form is being submitted by marking the appropriate box:

- Address change is marked whenever a family residing in another state has moved to a new residence within that state or has moved to another state;
- Update on Medicaid Status is marked when there is change in the status of a child's Medicaid;
- Adoption Status Change is marked when there is a change to a child's adoption subsidy agreement;
- Change in Case Status is marked whenever when there is a change in the child's case status. For example, child reaches age of majority and the Medicaid can be closed;

**SECTION B – CHILD IDENTIFYING INFORMATION**

1. Enter the legal name of the child/ren, the date of birth and social security number;
2. ADOPTIVE PARENTS: Enter the first and last name of each adoptive parent.

**SECTION C – CHANGE IN MEDICAID STATUS**

- Information regarding Medicaid being opened is entered for each child listed in Section B, to include date Medicaid is opened, assigned Medicaid number in the state of residence

**SECTION D – CHANGE IN CASE STATUS**

- Information regarding closure of Medicaid or re activation of Medicaid in residence state is entered for each child listed in Section B, to include effective date of change and reason for change

**SECTION E – CHANGE IN ADDRESS**

1. Enter date the change in address is effective;
2. Enter current address of family

3. Enter new address of family

**SECTION F – CHANGE IN ADOPTION STATUS**

1. Enter date the change is effective;
2. Enter for each child listed in Section B the date the original adoption subsidy agreement was effective and the date it expired followed by the effective date of the current agreement and date of expiration for the new agreement;
3. For each child listed in Section B, indicate whether or not the final decree is pending, the date it was ordered and, if ICPC is involved, the date the ICPC 100B was sent to the sending state's ICPC office;
4. Indicate whether or not the adoption was terminated and date of adoption termination.

**FORMS RETENTION**

This form shall be retained in the adoption record.

MEMORANDA HISTORY: