



CHILD IN CARE MEDICAID APPLICATION

SECTION ONE: Demographic Information Current FLORIDA Case#: _____

Child's Name _____ Date of Screening/Application _____ Child's
alias, if any _____ Date of Birth _____
Social Security Number _____ If no SSN, date applied for _____
U.S. Citizen: Yes No **Place of Birth:** United States Other
(Name of Country): _____ Alien Registration No.: _____

Child's Marital Status: __ Single __ Married __ Divorced __ Widowed
Gender: __ Female Male
Race: __ White __ Black __ Hispanic __ Southeast Asian __ American Indian/Eskimo
Asian or Pacific Islander __ Unknown __ Other

SECTION TWO: Removal Information

Presumptively IV-E Eligible: Yes No If Yes **Explain:** _____

Date child was removed from "removal" home: _____
Name and home address of Parent/Guardian with whom child was residing at time of removal:

Was child receiving Medicaid or other public assistance benefits prior to or at date of removal?
Yes __ No If yes, list **FLORIDA** case number, if known: _____

SECTION THREE: Placement Information

Name and Address of Person or Medicaid Allowable Facility where child placed

Date placed in home/facility: ____ / ____ / ____

Is this a licensed home or Medicaid Allowable Facility? __ Yes __ No

Date of Expiration of License _____ **Current Board Rate** _____

Does the child have any assets or income? Yes __ No __
If yes, list types, gross monthly amount of income and account numbers and names of financial
institutions: _____

SECTION FOUR: Absent Parent Information

Absent Parent Information:

Mother's Name: _____
SSN (if available) _____
Alias: _____
Address: _____

Comment [TAS1]: When the action selected on the Initiate Action page is 'Initial', this template will be available to send to the CIC electronically. This will only be sent to FLORIDA when the submission is Medicaid Only.

Comment [JLF2]: Person Management

Comment [JLF3]: Pre-fill from the Non-Qualified Citizen pop-up on the FLORIDA tab of Medicaid module.

Comment [JLF4]: Person Management

Comment [JLF5]: Person management values mapped to FLORIDA values.

Comment [JLF6]: If the child has a IV-E record enter YES, otherwise enter No

Comment [KJ7]: User entered

Comment [JLF8]: Removal Episode begin date

Comment [KJ9]: Name from Basic tab of the IV-E – if not documented, will populate with Mother Name from FLORIDA tab; the Removal Address pulls from the FLORIDA Tab.

Comment [JLF10]: Pre-fill Yes with X if Medicaid record has FLORIDA Case Number

Comment [JLF11]: Provider Name and Address - from the most recent placement

Comment [JLF12]: Placement begin date of the most recent placement

Comment [JLF13]: Pre-fill Yes with X if provider has an active licensed otherwise pre-fill No

Comment [JLF14]: License expiration date from provider license table

Comment [TAS15]: This field will be updated to display the board rate (nearest whole number) of the most recent and open and approved placement. For unpaid placements and In-Home services a board rate will not display on this template.
NOTE: The Administrative Fee, Supplemental Amount, and Exceptional Amounts will NOT be included in the board rate displayed in this template. For Out of Home Placements that have a frequency of Daily, the board rate that will be displayed on this template and input into the FLORIDA System will...

Comment [KJ16]: Populated from the Medicaid expando of the FLORIDA Tab. Yes if value is ...

Comment [KJ17]: Populating with the Totals of the Three Values

Comment [KKB18]: Populated from the Medicaid Module - FLORIDA Tab - ...

Comment [KKB19]: Populated from the Medicaid Module - FLORIDA Tab - SSN of ...

Comment [KJ20]: User entered

Comment [KJ21]: Medicaid Module - FLORIDA Tab - Absent Parent's Information - ...



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Phone: _____
Date of Birth: _____
Place of Birth: _____
Employer: _____
Employer's Address: _____
Employer's Phone: _____

Comment [KJ22]: User entered

Comment [KKB23]: Medicaid Module - FLORIDA Tab - Absent Parent - DOB from 'Mother' group box

Comment [KJ24]: User Entered

Father's Name: _____
SSN (if available): _____
Alias: _____
Address: _____
Phone: _____
Date of Birth: _____
Place of Birth: _____
Employer: _____
Employer's Address: _____
Employer's Phone: _____

Comment [KJ25]: Populated from the Medicaid Module - FLORIDA Tab - Absent Parent Information - Father group box

Comment [KJ26]: User Entered

Comment [KJ27]: Populated from the Medicaid Module - FLORIDA Tab - Absent Parent Information - Father group box

Comment [KJ28]: User Entered

Comment [KKB29]: Populated from the Medicaid Module - FLORIDA Tab - Parent/Specified Relative from which the child was removed - Father group box.

Mother REASON FOR ABSENCE of both parents: Court Removal Desertion
 Divorce Voluntary Removal

Comment [KJ30]: User entered

Father REASON FOR ABSENCE of both parents: Court Removal Desertion
 Divorce Voluntary Removal

Comment [JLF31]: Populated from the Reason for Absence dropdown, in the Absent Parent's Information expando of the Mother

Other-Explain:

Comment [JLF32]: Populated from the Reason for Absence dropdown, in the Absent Parent's Information expando of the Father

Comment [KJ33]: User entered.

Is paternity an issue for this child? ("Yes" if CSE needs to establish paternity for this child.)
Yes No if no, reason: _____

Comment [JLF34]: Populated from the 'Is Paternity an Issue?' question in the Father's Absent Parent information

Does either parent have health/medical insurance? Yes No
Does the policy include the child? Yes No If yes, name of carrier: _____
Policy Number: _____

Comment [JLF35]: Pre-fill with X depending on the answer to this question on the FLORIDA tab of the Medicaid Eligibility module.

Comment [JLF36]: Pre-fill with X depending on the answer to this question on the FLORIDA tab of the Medicaid Eligibility module

Comment [JLF37]: Pre-fill with policy number entered on this question on the FLORIDA tab of the Medicaid Eligibility module

Comment [KJ38]: User entered

Comments:

Note: I certify under penalty of perjury that the information on this form is true to the best of my knowledge, including the citizen or noncitizen status of those who are applying for benefits.

Print Name Signature/Title of Individual Completing Application Date

Comment [JLF39]: Date Submitted to FLORIDA

Comment [JLF40]: Name of the worker who completed the Eligibility Record.



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Name and Address of Organization Telephone Number

Comment [JLF41]: Name and Address of the Agency associated to the Worker who completed the Eligibility Record.

This form may be used to apply for
Medicaid **ONLY**, by either CBC, DJJ
Or CINS/FINS agencies.
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