

FOSTER CARE MEDICAID APPLICATION ADDENDUM

DIRECTIONS:

The information on this form will be used to determine eligibility for federal IV-E funding for children placed in foster care. Both the *Foster Care Medicaid Application*, form 470-2779, and this *Addendum* are required when a child who is not currently receiving Medicaid enters foster care.

Note: In Section VIII of the *Foster Care Medicaid Application*, enter the income of any parents, stepparent, and siblings who lived with the child at the time the child entered foster care.

When completing this *Addendum*, provide information about the financial resources of parents and siblings who lived in the child's household when the child entered foster care. (The resources of a stepparent are not considered.) Attach this *Addendum* to the completed *Foster Care Medicaid Application*.

Names of Children in Foster Care

RESOURCES OF THE PARENTS AND SIBLINGS OF THE CHILDREN IN FOSTER CARE

Complete this section for each person listed on page 1 of the Foster Care Medicaid Application as a member of the parental household who is a **natural or adoptive parent, sister, or brother** of the children in foster care.

- A. Do you own, or are you buying, the home in which you are living? Yes No
- B. Does anyone in your home own real estate other than the home in which you are living, or is anyone buying or selling real estate? Yes No
- C. Does anyone in your home have any of the following resources? Check yes or no for each item. Complete the information line for items checked yes.

		Amount	Location	Name or Names of Owners
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Stocks or Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Time Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Burial Contract or Plot	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Conservatorship or Trust Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Safety Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Retirement Accounts like IRAs	<input type="checkbox"/> Yes <input type="checkbox"/> No			

		Make/Year	Market Value	Amount Owed
Automobiles	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Trucks/Motorcycles	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Snowmobiles/Boats	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Home/Camper	<input type="checkbox"/> Yes <input type="checkbox"/> No			

		Item/Value	Amount Owed
Machinery, Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Livestock	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you or anyone in your home have life or other death benefit insurance? Yes No

If yes, complete the following:

List Person(s) Covered	Company Name	Policy No.	Face Value	Year Purchased	Beneficiary Name

List the policy holder: