

Case #
CCYA/JPO:
CAO:

OFFICE OF CHILDREN YOUTH AND FAMILIES
CY842

MINOR OR NON MINOR DEPENDENT PARENT/CHILD FOSTER CARE INFORMATION

I. MINOR OR NON MINOR DEPENDENT PARENT:		
MINOR OR NON MINOR DEPENDENT PARENT'S NAME (LAST, FIRST, M.I.):	DATE OF BIRTH:	SOCIAL SECURITY NUMBER: MCI NUMBER:
II. BIOLOGICAL CHILD:		
CHILD'S NAME (LAST, FIRST, M.I.):	DATE OF BIRTH:	SOCIAL SECURITY NUMBER: MCI NUMBER:
III. CHILD INFORMATION:		
CHILD'S SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	HISPANIC/LATINO ORIGIN: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO DETERMINE	CHILD'S RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> UNABLE TO DETERMINE
IV. CHILD'S MEDICAL INSURANCE:		
<input type="checkbox"/> CHILD'S MEDICAL INSURANCE IS SAME AS MINOR OR NON MINOR DEPENDENT PARENT		
<input type="checkbox"/> CHILD'S MEDICAL INSURANCE IS DIFFERENT FROM MINOR OR NON MINOR DEPENDENT PARENT, PROVIDE THE FOLLOWING INFORMATION:		
NAME OF MEDICAL INSURANCE CARRIER, E.G., BLUE CROSS, HEALTH MAINTENANCE ORGANIZATION (HMO), TRAVELERS:		
ADDRESS OF MEDICAL INSURANCE CARRIER:		
<input type="checkbox"/> POLICY NUMBER <input type="checkbox"/> CONTRACT NUMBER <input type="checkbox"/> GROUP NUMBER <input type="checkbox"/> HMO NUMBER: _____	DEDUCTIBLE AMOUNT IF THERE IS A DEDUCTIBLE: \$ _____	EFFECTIVE DATE OF POLICY: ____/____/____
NAME OF POLICY HOLDER:		SOCIAL SECURITY NUMBER OF POLICY HOLDER: ____-____-____
ADDRESS OF POLICYHOLDER:		
ADDRESS WHERE MINOR OR NON MINOR DEPENDENT PARENT/CHILD RESIDE:		
V. AGENCY INFORMATION:		
NAME OF AGENCY:		
ADDRESS:		
TELEPHONE NUMBER:		
VI. DATES/AUTHORIZATION:		
DATE MINOR OR NON MINOR DEPENDENT PARENT BECOMES ELIGIBLE FOR TITLE IV-E BENEFITS: ____/____/____		
_____ PRINT NAME OF AUTHORIZING AGENT	_____ AUTHORIZING SIGNATURE	_____ DATE