

# FOSTER CARE AGE OUT TRIBAL REFERRAL FORM

FAA DATE STAMP

PID: \_\_\_\_\_

**FROM:** \_\_\_\_\_  
**Social Services**  
SOCIAL WORKER: \_\_\_\_\_ DATE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**TO: FAA**  
**Research and Analysis Unit**  
Mail Drop 33S3  
Phone No.: (602) 774-5749  
E-Mail: [FAAYATI@azdes.gov](mailto:FAAYATI@azdes.gov)

**TO:** \_\_\_\_\_  
SOCIAL SERVICES: \_\_\_\_\_ DATE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

## INFORMATION ABOUT THE CUSTOMER

Customer Legal Name (*Last, First, M.I.*): \_\_\_\_\_

Maiden Name, Alias, and Other Name(s) Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the customer a U.S. Citizen?    Yes    No    If no, what number is on your immigration card? A \_\_\_\_\_

Was the customer in custody of a foster care system within the U.S. or a tribe on the day the person turned 18 and receiving Medicaid?    Yes    No

Home Address (*No., Street*) (*if rural, give direction*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone No. (*with area code*): \_\_\_\_\_

Mailing Address (*No., Street*) (*if different*) (*if rural, give direction*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Message Phone No. (*with area code*): \_\_\_\_\_

What language does the person speak?    English    Spanish    Other

What language does the person read?    English    Spanish    Other

Does the customer, authorize representative, or legal guardian have a visual impairment that requires an alternative format for printed letter?    Yes    No

If yes, who needs the accommodation: \_\_\_\_\_

If yes, what kind of alternative format does the person need? Please choose one option:

Letters in HEAplus account (*note: this person must have an HEAplus account*).

Readable PDF sent by secure email.

Large print: larger print letters sent by U.S. mail. Mail with be provided in Arial 24-point font.

Other: \_\_\_\_\_

## ADDITIONAL CONTACT INFORMATION (*Optional*)

Does the customer have an Authorized Representative?    Yes    No

If yes, Name of Authorized Representative: \_\_\_\_\_

Does the customer want to get **electronic alerts** by text or email when eligibility decisions are made or more information is needed?

Email    Yes    No    If yes, email address: \_\_\_\_\_

Text    Yes    No    If yes, phone number for text alerts (*standard text rates apply*): \_\_\_\_\_

Tribal Social Worker's Name (*Please Print*): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAA DETERMINATION – COMPLETED BY FAA**

	EFFECTIVE DATE	DATE NOTICE SENT
Approved    MA Category: _____	_____	_____
Denied       Reason: _____	_____	_____
Stopped      Reason: _____	_____	_____

TAD Sent to Tribal Social Services:    Yes        No

Copy of Notice Attached:        Yes        No

FAA Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for FAA-1097B YATI Tribal Referral**

- I. **Purpose.** This form is used to send updated information to DBME/FAA on children aging out of foster care for an eligibility redetermination. It is also used to communicate the results of the determination to Tribal Social Services.
- II. **Completion.** Complete all items as follows (items not listed are self-explanatory):
  - FROM \_\_\_\_\_ Social Services:** Tribal Social Services staff enters the Tribe name in the "From" field, then enters his or her name, phone and fax numbers and the date the form is sent to FAA.
  - TO FAA:** The Tribal Social Services staff checks the box.
  - FROM \_\_\_\_\_ Social Services:** The FAA Eligibility Interviewer checks the box and enters the Tribe name, the Tribal Social Services staff member's name, phone and fax numbers and the date the form is routed to FAA.
- III. Complete the Customer's Information and Authorized Representative (if applicable) sections.
- IV. **Routing:** *(fax or secure e-mail)*
  - Tribal Social Services keeps the original for their case file and routes a copy to FAA.
  - FAA returns completed form to Tribal Social Services and keeps a copy in the FAA case file.

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