

FOSTER CARE AGE OUT REFERRAL FORM

FAA DATE STAMP

PID: _____

FROM: _____
Department of Child Safety (DCS)
DCS SPECIALIST _____ DATE _____
PHONE NUMBER _____ FAX NUMBER _____

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

TO: DCS _____
DCS SPECIALIST _____ 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 will 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*): _____

DCS Specialist's Name (*Please Print*): _____

DCS Specialist's Signature: _____ Date: _____

FAA DETERMINATION – COMPLETED BY FAA

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

TAD sent to DCS: Yes No

Copy of notice attached: Yes No

FAA Worker's Signature: _____ Date: _____

Instructions for FAA-1097A YATI 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 DCS.

II. **Completion.** Complete all items as follows (items not listed are self-explanatory):

FROM DCS: The DCS specialist enters his or her name, phone and fax numbers and the date the form is routed to FAA.

TO FAA: The DCS Child Safety Specialist checks the box.

TO DCS: The FAA Eligibility Interviewer checks the box and enters the DCS Social Services staff member's name, phone and fax numbers and the date the form is routed to FAA.

Complete the Customer Information Section

III. **Routing:** *(fax or secure e-mail)*

- The DCS Specialist retains a copy in the case file and routes the original to FAA.
- FAA returns completed original to DCS and retains a copy in the FAA case file.

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