

Application for Medicaid for Former Foster Care Youth

Instructions

You are filling out this form because you were in foster care at age 18 or older. If you were in foster care in any state or tribe, you may qualify for the Medicaid program for former foster youth. You may qualify for Medicaid for free. Your income or resources (such as a car) do not count. You do not need to give your income, resource or tax information to qualify for Medicaid as a former foster youth.

Once you fill out this form, you can turn it in to your local County Assistance Office (CAO) in person, by fax, or by mail. To find your CAO, go to <http://www.dhs.state.pa.us/findfacilsandlocs/countyassistanceofficecontactinformation/index.htm> or call 866-550-4355.

You can apply over the phone at 1-866-550-4355.

You can apply online at www.compass.state.pa.us

If you move within Pennsylvania, you will still qualify for Medicaid, but you will have to tell your caseworker that your address changed. You can call the Customer Service Center to report any changes: 1-877-395-8930, in Philadelphia call 215-560-7226.

Please Note : If you were in foster care at age 18 or older, **but are pregnant or a parent, you should NOT use this form** for your application for Medicaid. You should use the PA600HC form or COMPASS to make sure you get the Medicaid for pregnant women and parents.. You can also apply over the phone using the number listed above or in person at your local county assistance office.

- New Application
- Renewal
- Request for retroactive coverage for _____ months

COUNTY USE ONLY	
Case _____	Name: _____
Case Number: _____	
Date of Discontinuance: _____	

Name	Date of Birth (mm/dd/yy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone Number	Cell Phone Number	Social Security Number	
Address (Number, Street)	City	State	Zip Code
Mailing Address (if different) (Number, Street, P.O. Box)	City	State	Zip Code
Email Address			

Were you in foster care on your 18th birthday or later? Yes No Not Sure

Which state were you in foster care? _____

I declare under the state and federal law that the answers I have given are true and correct to the best of my knowledge..

Signature	Date
-----------	------