TITLE IV-E TITLE XIX INCOME/ASSET REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-FOSTER CARE
SFN 642 (11-2022)

Check One
☐ 18+ Continued Foster Care Program ☐ Title XIX Income/Asset Report

Name of Child		Date of Birth	
Social Security Number	Client ID Number	Medicaid Case Number	
Placement and Care Agency			
Address	City	State	ZIP Code
Is the child attending school? ☐ No ☐ Yes - ☐ Full-Time ☐ Part-Time	Expected Graduation Date	Grade Completed	

Does the child have any of the following assets? (Additional information may be needed) ☐ No ☐ Yes - Indicate the amount next to the type of asset.

Checking/Savings		Individual Indian Monies	
Trust Account		Burial Funds	
Stocks/Bonds		Property	
Vehicles		Life Insurance	
Other		Other	

Does the child have any income (Social Security, VA, SSI, IIM, etc)? ☐ No ☐ Yes	Type of Income	Amount of Income
Does the child work? ☐ No ☐ Yes	Where does the child work?	
Amount the Child Earns	How often is the child paid?	Number of Hours Per Week Child Works

Child's Current Placement	City	State	ZIP Code	Date of Placement

HEALTH INSURANCE COVERAGE

Is the child covered under a private health insurance carrier? ☐ No ☐ Yes

If yes, provide a copy of the front and back of all current medical cards (health, dental, vision, and prescription) If card is missing contact information, provide below.

Company Name		ID Number	
Group Name		Group Number	
Address	City	State	ZIP Code
Insurance Phone Number	Type of Coverage ☐ Hospital ☐ Doctor ☐ Dental ☐ Vision ☐ RX ☐ Court Ordered		
Policyholder Name	Child's Policy Number	Policyholder Number	Effective Date
Address	City	State	ZIP Code

Have the required health tracks screenings been completed?
☐ Yes ☐ No

I UNDERSTAND THAT:

A. In addition to completing this form, I must report within 10 days any changes which occur which might affect the child's Medicaid eligibility.

B. I will be notified in writing of any changes of eligibility and the reason for such change when this completed report is reviewed. I may request a fair hearing on any change.

C. This report is considered incomplete if not signed, all questions are not answered, and all verifications applicable are not attached.

D. Failure to return the completed and signed report by the 10th day of the month may result in benefits for this month being delayed, reduced, or terminated.

E. 42 U.S.C. 1320b-7 requires all persons requesting assistance, except Child Care Assistance, to provide their social security number or show that they have applied for one. The social security number is used to check the identity of household members, to prevent duplicate participation, to monitor compliance with program regulations, for claim collection, for official examinations by Federal or State agencies, and to help make mass changes. The social security number is also used to check information in our records against other Federal, State or local government computer matching systems participating in the Income and Eligibility Verification System, including but not limited to the IRS, SSA, Department of Labor and TANF, which may affect eligibility and the level of benefits.

F. The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.

G. STATE AND FEDERAL LAWS PROVIDE FOR A FINE AND/OR IMPRISONMENT FOR ANY PERSON WHO FRAUDULENTLY RECEIVES OR ATTEMPTS TO RECEIVE ASSISTANCE TO WHICH HE/SHE IS NOT ENTITLED.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

Signature	Telephone Number	Date

You or your representative, may request a fair hearing orally or in writing if you disagree with any action taken on this case. You may be represented at the hearing by any person you choose. This application will be considered without regard to race, color, sex, age, handicap, religion, national origin, or political belief.