

**INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA)  
REFERRAL FORM**

**THIS FORM MUST BE FULLY COMPLETED BEFORE A REFERRAL CAN BE PROCESSED.**

**Caseworker Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requested Medical Coverage Start Date:** \_\_\_\_\_

**PARENT(s) Name(s):** \_\_\_\_\_

Out of State Address: \_\_\_\_\_  
Number/Street City/State/Zip

Phone number: \_\_\_\_\_

**CHILD #1 Name:** \_\_\_\_\_

DCFS ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:  Male  Female

Race/Ethnicity:

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native   | <input type="checkbox"/> White           |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Unknown         |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander |  |

**CHILD #2 Name:** \_\_\_\_\_

DCFS ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:  Male  Female

Race/Ethnicity:

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native   | <input type="checkbox"/> White           |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Unknown         |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander |  |

**CHILD #3 Name:** \_\_\_\_\_

DCFS ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:  Male  Female

Race/Ethnicity:

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native   | <input type="checkbox"/> White           |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Unknown         |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander |  |