**BADGERCARE PLUS**

**CW**

**Former Foster Care Youth (FFCY)**

The Child Welfare (CW) Agency and Income Maintenance (IM) Agency are to complete this form to communicate information regarding a youth who was in foster care on his or her 18th birthday and requesting coverage under BadgerCare Plus. *(CW - Do not send this form more than 30 days prior to case closure.)*

|  |  |
| --- | --- |
| Youth’s Name (First, MI, Last)      | Date of Birth      |
| Current Address or Address After Foster Care Ends (If Known)      | eWiSACWIS Case Number      |
| City, State      | Zip Code      |
| **CW Agency should complete the section below****Youth’s placement arrangement on his / her 18th birthday:**[ ]  IV-E Foster Care / Non-IV-E Foster Care[ ]  Subsidized Guardianship[ ]  Court-ordered Kinship Care (Provide identifying information about the Kinship Care relative only if the youth is expected to reside with the relative past his/her 18th birthday.)  Caregiver Name and address:            [ ]  Other Placement      [ ]  Expected end date of Foster Care Medicaid / BC+ eligibility      /     /      Date ACCESS application was completed      /     /     ACCESS tracking number:      ORDate BadgerCare+ Application sent      /     /      [ ] mailed [ ]  faxed  |
| Citizenship verified by CW agency?      | [ ]  Yes – Documentation Type       |
| [ ]  No |
| Child Welfare Agency Name      | Date Signed / Sent      |
| Contact Name       | Worker Telephone Number       |
| **IM Agency should complete the section below****IM Determined YEOHC BC+ eligibility information**[ ]  BC+ Effective Date:      /     /      CARES Case Number      [ ]  YEOHC not eligible for BC+ Reason       |
| IM Agency Name      | Date Signed / Sent       |
| **SIGNATURE** – IM Worker      | Worker Telephone Number      |