

**CHILD OR YOUTH DISCHARGE FROM OUT-OF-HOME CARE CHANGE REPORT**

Income maintenance agencies should use the information on this change report to update the parent's or caretaker's case.

**Parent or Caretaker Relative**

Name – Parent / Caretaker Relative (First, Last)			Date of Birth	Case Number
Street Address				Social Security Number (SSN) - -
City	State	Zip Code	County of Residence	Relationship to Child / Youth

**Child or Youth Discharged from Out-of-Home Care 1**

Name – Child / Youth (First, MI, Last)		Date of Birth
SSN - -	Medicaid ID Number (optional if SSN provided)	
Date of Discharge	Foster Care Medicaid End Date	
Other Indicators (check those that apply)		
<input type="checkbox"/> Supplemental Security Income (SSI) Medicaid Eligible		<input type="checkbox"/> Youth Aged Out of Care

**Child or Youth Discharged from Out-of-Home Care 2**

Name – Child / Youth (First, MI, Last)		Date of Birth
SSN - -	Medicaid ID Number (optional if SSN provided)	
Date of Discharge	Foster Care Medicaid End Date	
Other Indicators (check those that apply)		
<input type="checkbox"/> SSI Medicaid Eligible		<input type="checkbox"/> Youth Aged Out of Care

**Child or Youth Discharged from Out-of-Home Care 3**

Name – Child / Youth (First, MI, Last)		Date of Birth
SSN - -	Medicaid ID Number (optional if SSN provided)	
Date of Discharge	Foster Care Medicaid End Date	
Other Indicators (check those that apply)		
<input type="checkbox"/> SSI Medicaid Eligible		<input type="checkbox"/> Youth Aged Out of Care

For questions about the information on this form, contact [DHSEMCAPO@dhs.wisconsin.gov](mailto:DHSEMCAPO@dhs.wisconsin.gov).