

# Washington Apple Health Request for Children in URM Program

**New Arrival**

**Change in Placement**

**Exit Program**

**Foster Care Alumni**

Children in the **Unaccompanied Refugee Minor (URM)** program are eligible for Washington Apple Health Foster Care Medical. Complete this form and include a copy of the child's immigration documentation. Health care coverage may be approved retroactively back to the date of entry into Washington State.

Placement Entry Date

ACES Client ID#

Change in Placement Date

**1**

## Unaccompanied Minor

First name

M.I.

Last name

Sex

M

F

Date of birth (MM/DD/YYYY)

Country of Origin

Ethnicity

Date of Arrival (MM/DD/YYYY)

Preferred Language

Secondary Language

Immigration Number ("A" Number)

Trafficking Victim: Yes No

Immigration Document Type Submitted

Immigration Status Date (MM/DD/YYYY)

Expected High School Graduation Date

Social Security Number (SSN)

**2**

## Placement Family

Foster home

Group home

Semi-independent living

Adult Name

Phone Number

Address

City

State

Zip Code

**3**

## Placement Agency

Select one:

CCS

Attn: Dorothy McCabe  
1323 S Yakima Ave  
Tacoma, WA 98405

LCSNW

Attn: Anibal Ruiz  
1107 NE 45th St Suite 200  
Seattle, WA 98105

LCSNW - Inland NW

Attn: Shelly Hahn  
210 W Sprague  
Spokane, WA 99201

**4**

## Placement Agency Social Worker

Name

Phone Number

Email

**5**

## Submit the completed form to

**Email:** [hcaurmrequests@hca.wa.gov](mailto:hcaurmrequests@hca.wa.gov)

**Questions?** Call: 1-800-562-3022 Ext 15480

**Subject Line:** URM- [Last name]- [new, change or exit]

