

### Washington Apple Health Request for Children in Tribal Foster Care

"Out of home" placement     Change in "out of home" placement     Child(ren) returned home  
 Children in Tribal placements are eligible for Washington Apple Health Foster Care Medical. This program does not require an annual review. Please complete this form to request coverage. If multiple children are placed with the same family only one form is needed. Please include a copy of the Tribal Court Order of Placement. Medical coverage may be approved retroactively back to the date of placement if needed.

**Date child(ren) placed:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Children's Information (Please print)		
Name:	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Tribal Affiliation	
Name:	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Tribal Affiliation	
Name:	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Tribal Affiliation	
Name:	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Tribal Affiliation	
Placement Family Information (Please print)		
Adult name(s):		
Relationship(s) to child:		Phone:
Address		
City	State:	Zip Code
Tribe Information (Please print)		
Tribe:	Phone:	
Social worker name:	Email:	
Submitted by:	Phone:	Date:
<p><b>Please submit the completed form to:</b>  <b>Mail:</b> Health Care Authority - Foster Care Medical Team          P.O. Box 45534          Olympia, WA 98504  <b>Fax:</b> (360) 725-1158</p>		
		<p><b>Questions?</b> Call: (800) 562-3022 Ext 15480</p>

