

Washington Apple Health Request for Children Aging Out of Tribal Foster Care

Children who turn age 18 while in Tribal placements are eligible for Washington Apple Health Former Foster Care Medical up to age 26. This program does not require an annual review. Please complete this form to request coverage. Please include a copy of the Tribal Court Dismissal of Dependency.

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

