**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:  OR  Date 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 |