

# YOUNG ADULT TRANSITIONAL INSURANCE (YATI) REFERRAL

FAA DATE STAMP
PID: _____

<b>FROM:</b> <b>Department of Child Safety (DCS)</b> DCS SPECIALIST _____ DATE _____ PHONE NUMBER _____ FAX NUMBER _____	<b>TO: FAA</b> <b>Research and Analysis Unit</b> Mail Drop 33S3 Phone No.: 602-774-5749 Fax No.: 602-257-7035 E-Mail: FAAAYATI@azdes.gov	<b>TO:DCS</b> DCS SPECIALIST _____ DATE _____ PHONE NUMBER _____ FAX NUMBER _____
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### INFORMATION ABOUT YATI CUSTOMER

NAME (*Last, First, M.I.*) \_\_\_\_\_ MAIDEN NAME, ALIAS, AND OTHER NAME(S) USED \_\_\_\_\_

DATE THE YOUTH LEFT FOSTER CARE: \_\_\_\_\_

**If completing this form for a youth aging out of the system complete the rest of the form, sign and date.**

### INFORMATION ABOUT YATI CUSTOMER'S ADDRESS (Refer to instructions if current address is unknown)

ADDRESS (*No., Street*) (*If rural location, give directions*) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS (*No., Street*) (*If different from above*) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ MESSAGE PHONE N.O. \_\_\_\_\_

### FAMILY MEMBERS THAT WILL BE LIVING WITH THE YATI CUSTOMER (Parents, spouse, siblings, and customer's own children)

NAME ( <i>Start with Customer</i> )	RELATIONSHIP TO CUSTOMER	SOCIAL SECURITY NO.	SEX ( <i>M or F</i> )	DATE OF BIRTH
	SELF			

### INFORMATION FOR ELIGIBILITY

- A. Is the Customer pregnant?    Yes    No  
If Yes, how many babies are expected? \_\_\_\_\_ What is the due date? \_\_\_\_\_
- B. Is the Customer a U.S. citizen?    Yes    No    If No, is the Qualified Non-Citizen?    Yes    No  
If Yes, what is the Qualified non-citizen status: \_\_\_\_\_ (*see list of qualified non-citizen statuses on page 3*)
- C. Is the Customer working?    Yes    No    If Yes, enter the Customer's work information below.  
EMPLOYER'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
HOURS PER WEEK \_\_\_\_\_ HOURLY PAY \_\_\_\_\_ HOW OFTEN PAID \_\_\_\_\_
- D. Does the Customer have any other income?    Child Support    Social Security/SSI    Other: \_\_\_\_\_  
If Yes, how much is received? \_\_\_\_\_ How often is this income received? \_\_\_\_\_
- E. Does the Customer expect to be claimed as a tax dependent for this tax year?    Yes    No  
If Yes, who will claim the Customer as a tax dependent? \_\_\_\_\_  
Is this person a parent, step-parent or spouse?    Yes    No  
If No, does the Customer expect to file a tax return for this tax year?    Yes    No

**INFORMATION FOR ELIGIBILITY (continued)**

F. If the Customer will be living with a parent, step-parent, spouse, siblings under 19, or their own child and any of them have income, complete the information below:

NAME OF PERSON WITH INCOME	HOW MUCH DOES THIS PERSON GET	HOW OFTEN	INCOME SOURCE

G. Customer's AHCCCS Health Plan choice:

H. Does the Customer want to receive electronic alerts when eligibility decisions are made or more information is needed?

**FAA DETERMINATION – COMPLETED BY FAA**

Email: Yes No If Yes, email address: \_\_\_\_\_

Text: Yes No If Yes, number to text (standard text rates apply): \_\_\_\_\_

I. Does the Customer want to designate an Authorized Representative(s) who can provide information on their behalf to complete the application process? Yes No

If yes, Authorized Representative's Name and contact number: \_\_\_\_\_

DCS SPECIALIST'S NAME (Please Print) \_\_\_\_\_

DCS SPECIALIST'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

		EFFECTIVE DATE	DATE NOTICE SENT
Approved	MA Category: _____	_____	_____
Denied	Reason: _____	_____	_____
Stopped	Reason: _____	_____	_____

TAD SENT TO DCS: Yes No COPY OF NOTICE ATTACHED: Yes No

ELIGIBILITY INTERVIEWER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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## Completion Instructions for the FAA-1097A YOUNG ADULT TRANSITIONAL (YATI) REFERRAL

**I. Purpose.** This form is used to send updated information to DBME/FAA on children aging out of foster care for an eligibility redetermination. It is also used to communicate the results of the determination to DCS.

**II. Completion.** Complete all items as follows (items not listed are self-explanatory):

**FROM DCS:** The DCS specialist enters his or her name, phone and fax numbers and the date the form is routed to FAA.

**TO FAA:** The DCS Child Safety Specialist checks the box.

**TO DCS:** The FAA Eligibility Interviewer checks the box and enters the Tribe name, the Tribal Social Services staff member's name, phone and fax numbers and the date the form is routed to FAA.

**INFORMATION ABOUT YATI CUSTOMER**

Customer's Name: Enter YATI Customer's last name, first name and middle name.

**WHERE WILL THE CUSTOMER BE LIVING?**

**Address:** Enter the Customer's anticipated residential address once he or she ages out of foster care. Include mailing address (if different) and any telephone contact numbers. If the anticipated address is not known, enter the last known address if there is a reasonable expectation that the Customer will reside at that address, and note as "LKA". If there is no anticipated residential address or LKA appropriate for use and the DCS Specialist has reason to believe the Customer is residing in the state, enter the following general delivery address: \_\_\_\_\_

**FAMILY MEMBERS THAT WILL BE LIVING WITH THE CUSTOMER:**

Enter name, Social Security number, sex, and date of birth of the Customer on the first row. Then list the same information for any of the following family members with whom the Customer will be living after aging out of foster care: parent, step-parent, spouse, sibling, and Customer's own child(ren). If a family member's Social Security number or exact date of birth is not available, enter "unknown".

**INFORMATION FOR ELIGIBILITY:**

**Item A:** Enter pregnancy information (*proof of pregnancy is not required*).

**Item B:** Enter U.S. Citizenship/Qualified Non-citizen status information. Qualified Non-citizen statuses are:

- Afghan and Iraqi Special Immigrant Visa
- Deportation withheld or removal withheld
- Amerasian Refugee
- Asylee
- Battered Non-citizen
- Conditional Entrant
- Cuban-Haitian Entrant
- Hmong or Laotian Highlander
- Lawful Permanent Resident (LPR)
- Parolee for at least one year
- Refugee
- Victim of trafficking

**Item C through F:** Enter the information for each applicable factor, and attach copies of any available proof. If the proof is not available from the Customer's file or through a collateral contact, do not delay submitting the form to collect proof. Some proof may be available electronically through HEAplus' data hubs. If more proof is needed, the eligibility worker will contact you.

**Item G:** Enter the Customer's choice of AHCCCS health plan. If not ready to make a choice, enter "no choice made".

**Item H:** Explain electronic notifications and enter Customer's decision, and if applicable, the email or phone number. The DCS Child Safety Specialist prints and signs his/her name.

**Item I:** Enter the Customer's choice for authorized representatives, and if applicable, the name and contact information of the authorized representative.

**FAA DETERMINATION:** The FAA worker checks the applicable determination: Approved, Denied or Stopped.

**Approved:** Enter the Medical Assistance Category, effective date, and the date notice was sent to the Customer.

**Denied:** Enter the reason, the effective date, and the date notice was sent to the Customer.

**Stopped:** Enter the reason, the effective date, and the date notice was sent to the Customer.

**III. Routing:** (*fax or secure e-mail*)

- The DCS Specialist retains a copy in the case file and routes the original to FAA.
- FAA returns completed original to DCS, and retains a copy in the FAA case file.

**ACCEPTABLE PROOF DOCUMENTS (Examples)**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• U.S. passport or passport card</li> <li>• Naturalization certificate, form N-550 or N-570</li> <li>• Certificate of U.S. Citizenship, form N-560 or N-561</li> <li>• Document issued by a federally recognized Indian Tribe</li> <li>• Certified birth documents</li> <li>• Church records</li> <li>• Baptismal certificates issued prior to child's fifth birthday</li> <li>• Hospital records</li> <li>• Court documents/minute entries</li> </ul> | <ul style="list-style-type: none"> <li>• Immigration documents</li> <li>• Court documents</li> </ul> <p><b>Income</b></p> <ul style="list-style-type: none"> <li>• Paystubs</li> <li>• Documented collateral contact by social worker</li> <li>• Written statement from employer</li> <li>• Award letters</li> <li>• Current tax returns for self-employment</li> </ul> |
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