

ARIZONA DEPARTMENT OF CHILD SAFETY
Comprehensive Health Plan (CHP)



CHP DISENROLLMENT/REMOVAL FROM
DCS MEDICAL ASSISTANCE FUNDING

Eligibility Unit • Site Code C010-18 • P.O. Box 29202 • Phoenix, AZ 85038-9202

- 1 Complete All Sections.
- 2 Signature Required.
- 3 This application must be completed on behalf of every child in who is being removed/disenrolled from CHP within 3 days of the child exiting care.

Child's Information ~ (Primary Applicant)

Child's Name (Last, First, M.I.)				Case No.	ID No.	
CHILD's CHP or AHCCCS ID	Date Of Release/Disenrollment	Date of Birth	Soc. Sec. No.	Age	Sex F M	
Child's Placement Address (No., Street)	City	State	Zip	<div style="border: 1px solid gray; padding: 5px;"> Custodial Agency AOC DJC DDD DCS </div>		
Birthplace (If different; No., Street)	City	State	Zip			
Ethnicity	What language does the child speak?	English	Spanish			Other: _____
Date of Most Recent Entry	Type of Placement:	Foster Home	Group Home	Shelter	Group Home	Residential Treatment
Name Of Placement	Phone No.					
Probation / Parole Officer's Name (First, Last)	Phone No.					
Probation / Parole Officer's Email Address						

Termination Reasons

Release from Detention (Send AHCCCS Notification of Children in Detention form to the CEU)

Reached age 18 Return to parent Return to Guardian Other reason: _____

New Address information is required! } _____
New Address (No., Street) City State Zip

If Returned To Parent Or Guardian

Parent or Guardian Name (Last, First, M.I.) Phone No. _____

Relationship Date of Birth Soc. Sec. No. _____

CHP OFFICE USE ONLY - EXPARTE

Yes No

Is Child Eligible For Exparte? _____

If yes, date sent to research & analysis: _____
Date sent

CHP Closure Date _____

RESEARCH AND ANALYSIS OFFICE USE ONLY - EXPARTE

Approved

Date Fax Received Effective Date

Fax Returned

Reason _____

Research Worker's Name _____

Denied

Reason _____

Date Tad Returned _____

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Signature Required

CHP needs your signature to process your application.

Statement of Truth: I swear under penalty of perjury that the statements made on this application and any other statements that I made (*or will make*) during the application process are true and correct to the best of my knowledge. Photocopies I have provided (*or will provide*) are the same as the original document. I have read and understand all of the information under **Declarations** below, including the warning about possible criminal prosecution and penalties for providing false information.

Applicant Or Authorized Representative's Signature

Date

Direct any questions regarding this application to: 602-351-2245 or 1-800-201-1795 and/or PLEASE route completed application to:

CHP Title XIX Eligibility Unit
Site Code C010-18
P.O. Box 29202 Phoenix, AZ 85038-9202

Declarations ~ Keep this information for your records.

Cooperation

I understand that eligibility specialists from the Department of Child Safety/Comprehensive Health Plan (DCS/CHP) will review my request for disenrollment/removal from AHCCCS medical assistance and will contact me if they need more information.

HIPAA Authorization to Release Information

I agree to the release of personal and financial information from this application, including supplemental forms and supporting information to DCS/CHP for the purpose of determining eligibility for AHCCCS medical assistance.



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.