

Foster Care Assistance Request Form

Purpose

The Foster Care Assistance Program provides a one-time benefit (up to \$100) to support foster care members. This program provides for member needs not covered by Iowa Total Care or community resources. The Foster Care Assistant Program helps to support:

- Your community
- Your self-esteem
- Your current foster home setting

Instructions

Please complete this form and send to: ITC_FosterCare@iowatotalcare.com.

Member Information

Name: _____

Medicaid ID number: _____

Date of birth: _____

Requestor Information

Name: _____

Relationship to the member: _____

Phone: _____ Email: _____

Request Information

Item(s) requested:

Total cost (please attach verification): _____

Please provide brief explanation of need:

Payment Information

Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Email: _____

Internal Use Only

Review date: _____ Name of reviewer: _____

Foster care program type: _____

Date of verification involved with foster care: _____

Are supporting documents attached?

 Yes No

Did the member receive an approval?

 Yes No Partial Amount

If yes or partial amount was selected, provide amount approved: _____

If no was selected, provide reason the member was not approved:

Date notification provided to requestor: _____

Date request in VAB Benefits portal: _____

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Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please call 1-833-404-1061 (TTY: 711). | Usted tiene a su disposición, sin costo alguno, servicios de asistencia lingüística, ayudas y servicios auxiliares, material en letra grande, traducción oral y otros formatos alternativos. Para obtener estos servicios, llame al 1-833-404-1061 (TTY: 711). | 我们免费为您提供语言协助服务、辅助设施和服务、更大字体、口头翻译和其他替代格式。如需获得此服务，请致电 1-833-404-1061 (TTY: 711)。