|  |  |
| --- | --- |
| PPS Case Number:  | Case Name:  |
| CE End Date:  |
| Reason for transfer: [ ] Returned to Parent home[ ] No longer eligible for Adoption Subsidy Medical[ ] Aged Out of Foster Care[ ] Aged Out of SOUL Family Legal Permanency (SFLP) Foster Care Medical Program[ ] Approved for Custodianship or Guardianship |
| Transfer Date:  | Date PPS Medical Discontinued: |
| Type of Medical at Discontinuance: | [ ] Foster Care Medical [ ] SFLP Foster Care Medical [ ] Adoption Subsidy Medical |
| Long Term Care (LTC) Type: | [ ] N/A[ ] Waiver Type Choose an item. [ ] PRTF[ ] SIA |
| LTC Documents | [ ] Documents in Perceptive Content as KEES Case |

|  |
| --- |
| Name of Parent/Guardian (If applicable): |
| Address information is required for all transfers: |
| Street Address: |
| City: | State: | Zip Code: |
|  | Family Medical Case Number: [ ] No Family Medical Case Found |

|  |  |
| --- | --- |
| Eligibility Worker:  |  Date: |

This form shall be to be sent to DCF.PPSMedicaidAssistance@ks.gov and one of the following as it applies:

Long Term Care medical kdhe.hcbsinquiries@ks.gov

Family and AGO medical KS.AGORequest@conduent.com

