|  |  |  |
| --- | --- | --- |
| 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](mailto:DCF.PPSMedicaidAssistance@ks.gov) and one of the following as it applies:

Long Term Care medical [kdhe.hcbsinquiries@ks.gov](mailto:kdhe.hcbsinquiries@ks.gov)

Family and AGO medical [KS.AGORequest@conduent.com](mailto:KS.AGORequest@conduent.com)

