

**Continuous Eligibility (CE) and
 Aged Out Foster Care Medical (AGO)
 Transfer Form**

PPS Case Number:	Case Name:
CE End Date:	
Reason for transfer: <input type="checkbox"/> Returned to Parent home <input type="checkbox"/> No longer eligible for Adoption Subsidy Medical <input type="checkbox"/> Aged Out of Foster Care <input type="checkbox"/> Aged Out of SOUL Family Legal Permanency (SFLP) Foster Care Medical Program <input type="checkbox"/> Approved for Custodianship or Guardianship	
Transfer Date:	Date PPS Medical Discontinued:
Type of Medical at Discontinuance:	<input type="checkbox"/> Foster Care Medical <input type="checkbox"/> SFLP Foster Care Medical <input type="checkbox"/> Adoption Subsidy Medical
Long Term Care (LTC) Type:	<input type="checkbox"/> N/A <input type="checkbox"/> Waiver Type Choose an item. <input type="checkbox"/> PRTF <input type="checkbox"/> SIA
LTC Documents	<input type="checkbox"/> 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: <input type="checkbox"/> No Family Medical Case Found	

Eligibility Worker:	Date:
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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.AGORrequest@conduent.com

