Medicaid for Parents of Children Removed by DCF when Reunification is the Primary Goal

Apply online at: https://www.myflorida.com/accessflorida/

New language has been added to the medical assistance selection to include when a child has been removed and is in the care of the Department. A new option has also been added to report a change when a child has been removed by the Department.

Apply for Benefits / Report My Changes

☐ Medical assistance for children, their parents or caretakers (including when a child is removed and is in the care of the Department), pregnant women and individuals who aged out of Florida foster care who are under age 26.

An application for medical assistance includes Medicaid (for children, their parents or caretakers, pregnant women), Florida KidCare Program (for children under 19 with too much income for Medicaid) and The Insurance Affordability Program (for adults aged 18 through 64 and children that cannot be covered by either Medicaid or KidCare). The Medicaid and KidCare Programs are administered by the State of Florida and the Insurance Affordability is

Report My Changes

Please check the boxes for all the changes that you want to report.

Based on the benefits you are getting, here are the changes you **must** report:

☐ Your address,email or phone number has changed.

☐ Someone had a change in dependant care,support payment,medical expense or Health Insurance

☐ Someone had a change in insurance, vehicle, real estate or business assets.

☐ Report other changes

☐ Someone moved into your home

☐ Someone's relationship/tax information has changed in your home.

☐ Someone had a change in disability status

☐ Claim good cause for Food Assistance work requirements

☐ Someone had a change in housing or utility.

☐ Someone had a change in income other than a job.

☐ Someone's assets have changed

☐ Someone's personal information has changed.

☐ Someone moved out of your home.

☐ Someone became pregnant.

☐ Someone had a change in job, self-employment, income and/or work hours.

☑ A child was removed from the home by the Department, or a removed child has been returned.

People in Your Home / Child Removed by the Department

Personal Information

* First Name

Middle Initial

* Last Name

Suffix
<Click here to choose> ▼

* Gender   ○ Male   ○ Female

* Date of birth (mm/dd/yyyy)

* What is this person's marital status?   <Click here to choose> ▼

* What is this person's living arrangement?   <Click here to choose> ▼

<Click here to choose>
Home/Apartment/Trailer
Adult Congregate Living Facility (ACLF)
Adult Foster Home
Battered Woman Shelter
Boarder
Child of relative caregiver
Child removed by the Department
Drug Alcohol Treatment Center

* Does this person intend to file taxes as either an individual or joint filer? Choose 'no' if this person is a tax dependent.

Child Removed by the Department

* Date the child was removed by the Department(mm/dd/yyyy).
If you do not know the date the Department removed this child, enter your best estimate

Date the child returned(mm/dd/yyyy).

On the "People in Your Home" page, a new living arrangement "Child removed by the Department" has been added. If selected, a new page will display that asks the date the child was removed and returned.

The child's information on the application or change must still be entered accurately including any assets or income the child receives.