

Anexo 10. Notice of Action. (Icama Form 6.02)

This form replaces Form 5.02

**ICAMA FORM 6.02
NOTICE OF ACTION**

A. NOTIFICATION

TO:

Parents: _____

Address: _____

Telephone #: _____

You have notified us that on or about _____ that your child(ren) will be living at the new address below.
Date

1. Child's Name: _____ ☐ IV-E ☐ State Funded

2. Child's Name: _____ ☐ IV-E ☐ State Funded

3. Child's Name: _____ ☐ IV-E ☐ State Funded

Address: _____

Telephone #: _____

FROM:

Compact Administrator: Jackie Rodriguez, Manager, Out-of-State Placement Policy Unit

Office/Department: Department of Social Services, ATTN: Kathy Anderson, ICAMA Coordinator

Address: 744 P Street, MS 19-78

Sacramento, CA 95814

Telephone #: (916) 445-0813

Date:

**B. YOUR NEW RESIDENCE STATE ☐ IS ☐ IS NOT A MEMBER OF THE
INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA).**

Fuente: California Department of health and Human services