## ORR-FUNDED MEDICAL ASSISTANCE (OFMA) ELIGIBILITY REVERIFICATION

In accordance with the ORR Guide to Eligibility, Placement, and Services for Unaccompanied Refugee Minors (URM): Section 3, USCRI is required to annually reverify a URM youth's eligibility to remain in OFMA. One Eligibility Reverification form must be submitted for each active youth enrolled in OFMA. If a youth does not respond to a reverification request within 90 days, the youth will be terminated from OFMA.

## **Client Information**

Alien Number	DOB	
First Name	Last Name	
OFMA Effective Date	Age at ED	
OFMA Termination Date	Age at TD	
State	Agency	

Eligibility Verification Questions	Yes	No
1.) Is the youth eligible for Medicaid or CHIP?		
2.) Has the youth reached the maximum age for foster care in the state?		
3.) Has the youth reunited with a parent?		
4.) Has the youth been adopted?		
5.) Has the youth united with a non-parental adult with legal custody or guardianship?		
6.) Is the youth in an eligible immigration status?		
7.) Is the youth still living in the state where ORR has designated the MRD to provide medical assistance to the youth?		
According to the eligibility verification questions answered above, is the youth eligible to remain enrolled in OFMA?		
If no, please indicate the date the client was no longer eligible for OFMA? *Indicate the reason the client is ineligible for OFMA in the comments below		

## Comments

## **Reverification Timeline**

Date USCRI requested reverification		
Date of agency's initial reverification attempt		
Did the youth respond to the reverification request within 90 days?	Yes	No
Date reverification completed		

By signing below, I confirm that the information on this Eligibility Reverification form is accurate.

Printed Name

Agency/Organization

Signature

