sunshine health™
1301 International Pkwy.
Suite 400
Sunrise, FL 33323

SUNSHINE HEALTH
CHILD WELFARE SPECIALTY PLAN

CARE GRANT EXPANDED BENEFIT REQUEST FORM

INSTRUCTIONS:

- **Adoptive Parents and Adult Members:** The completion of an IRS Form W-9 is required to process payment for a Care Grant. Payment will be mailed to the address listed on the Form W-9.
- **Case Management Organizations and Community Based Care Lead Agencies (CBC):** Care Grant payment will be mailed to the CBC unless otherwise approved by Sunshine Health.
- **PLEASE NOTE:** Care Grant requests may only be submitted by a member's CBC, Adoptive Parent, or an Adult Member themselves. If you are a foster parent, substitute caregiver, or other interested party, please contact the member's CBC Lead Agency to request submission of a care grant.

Please complete questions #1 and #2 below only if you are the Member's **Child Welfare Dependency Case Manager** or an employee of the assigned **Community Based Care Lead Agency**.

1. Which CBC Lead Agency is member assigned?
   Communities Connected for Kids
2. If you are the member's Dependency Case Manager, please provide the name and address of your Case Management Organization (if different from the CBC): _____

   _____

   Payment will be mailed to the CBC unless otherwise approved by Sunshine Health.

CARE GRANT EXPANDED BENEFIT REQUEST:

For fastest processing, please complete all fields below and submit with all required supplemental documentation at the time of the original request.

Date: _____ Name of individual requesting Care Grant: Lissette Tuttle, MSW

Requestor's Email: lissette.tuttle@cckids.net Phone: (772) 873-7800 x8321

Requestor's relationship to member: Assigned CBC

Member's Name: _____ Member's DOB: _____

Member Medicaid ID Number: _____

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1. List physical, social, or educational activity related items/services requested:

2. Please describe how these items/services benefit the child's physical, social, and/or educational well-being:

3. Description of documentation supporting the cost of the Items:

Documentation describing specifics of the items or services, along with verification of the cost, must be included.

4. Total benefit amount requested: $ _____

Maximum benefit allowable per calendar year is $150.
Please allow up to 45 days for check processing and payment delivery following final Care Grant determination.

For fastest processing please email the request and supporting documentation to: CareGrants@Centene.com.

If unable to access email, requests may also be submitted by fax to 1-855-478-2890 or by regular mail to Sunshine Health's Child Welfare Operations Department at 1301 International Pkwy., Sunrise, FL 33323.

If submitting multiple Care Grant Requests, please attach the supporting documentation to the corresponding Member's Care Grant Request.

If you have any questions, please email CareGrants@Centene.com or call Sunshine Health Child Welfare Member Services 1-855-463-4100 (TDD/TTY 1-800-955-8770).