

Relative/Foster Care

Adoption

North Carolina Division of Health and Human Services
Division of Social Services
Interstate Compact on the Placement of Children

Financial – Medical Plan

Complete one form for each child. Complete one additional form for the same child for each separate resource being studied.

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|---------------|------------------|-----------------|
| Name of Child | Name of Resource | Receiving State |
|---------------|------------------|-----------------|

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|------------|------|
| County/DSS | Date |
|------------|------|

FINANCIAL PLAN (check only one)

Description of how the child's shelter, food, clothing and related maintenance needs will be met in the receiving state.

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| <input type="checkbox"/> DSS will provide foster care payment at the sending state foster care rate once the placement resource is licensed or certified as a foster parent by the receiving state. Monthly rate: _____ <input type="checkbox"/> The relative resource will apply for TANF Child-Only Grant in the receiving state on behalf of the child. NOTE: TANF Child-Only Grants are not available in all states. <input type="checkbox"/> The placement resource has agreed in writing to meet the financial needs of the child. Copy of written and signed agreement must be attached. <input type="checkbox"/> This is a placement with a parent. The parent is financially responsible for the child. <input type="checkbox"/> Child is SSI eligible. Current Payee _____ <input type="checkbox"/> Adoption subsidy is planned, and the amount will be determined <input type="checkbox"/> Other financial resources, ie., child support, death benefit |
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MEDICAL PLAN (check only one)

Description of how the child's medical coverage will be met in the receiving state.

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| <input type="checkbox"/> The child is IV-E eligible. Effective Date _____ <input type="checkbox"/> The child will be eligible for Medicaid in the receiving state under the TANF Child-Only Grant if available. <input type="checkbox"/> The child is not Title IV-E eligible. The DSS is financially responsible and will provide reimbursement for the child's medical expenditures or make other arrangements. <input type="checkbox"/> The child is Medicaid eligible as a recipient of SSI. <input type="checkbox"/> The placement resource has agreed in writing to provide for and meet the medical needs of the child. Copy of the written and signed agreement must be attached. <input type="checkbox"/> This is a placement with a parent. The parent is financially responsible for meeting the medical needs of the child. <input type="checkbox"/> Other (please specify) _____ |
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THIRD PARTY HEALTH INSURANCE INFORMATION

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| Child <input type="checkbox"/> has <input type="checkbox"/> does not have third party health insurance coverage. List sources of medical coverage or benefits. <input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> VA <input type="checkbox"/> Champus <input type="checkbox"/> Other Private Insurance (specify) _____ Policy Number _____ |
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When a child is placed in another state, the custodial DSS remains ultimately responsible for the financial and medical needs of the child and must retain jurisdiction over the child. This financial/medical plan will remain in effect following the placement of the child, and until receipt of written termination from the receiving state in accordance with NCGS 7B-3800, Article V.

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|--------------------------------|----------------------------------|
| Caseworker Signature: _____ | Supervisor's Signature: _____ |
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|-------------------------------------|-------------------------------------|
| Caseworker's Name (Print): _____ | Supervisor's Name (Print): _____ |
|-------------------------------------|-------------------------------------|

Phone Number (including area code): _____ E-mail: _____ Fax: _____
 Attachments: Yes No

Placement approval on the 100A documents implied approval of this case financial plan as submitted.