IDAHO DEPARTMENT OF

# HEALTH & WELFARE

## INTERSTATE COMPACT FINANCIAL/MEDICAL PLAN

**Date:** _____

_____

**Child's Name** **Child's DOB** **Child's SSN**

**Placement Resource Name:** _____

_____
Social Worker's Name (Print)

**Placement Address:** _____

_____

_____

_____
Social Worker's Signature

**THIS CHILD IS CURRENTLY TITLE IV-E ELIGIBLE**

***AND:***

- **THE CHILD IS TO BE PLACED WITH THE <u>PARENT</u>:**

  **Financial Plan:**
  - ☐ The parent is expected to support this child.
  - ☐ The parent is expected to apply for welfare assistance in the receiving state if they are unable to support the child.

  **Medical Plan:**
  - ☐ The parent is expected to provide medical coverage for this child
  - ☐ The parent is expected to apply for medical coverage for the child in the receiving state.

***OR***

- **THE CHILD TO BE PLACED IN A RELATIVE OR NON-RELATIVE <u>LICENSED</u> SUBSTIUTE CARE:**

  **Financial Plan:**
  - ☐ Entitled to receive foster care payment from Idaho. (Home must be licensed or home must meet licensing requirements in receiving state.)

  **Medical Plan:**
  - ☐ The child is eligible under COBRA to receive a medical card in the receiving state. (Resource may need to apply.)

***OR***

- **THE CHILD IS TO BE PLACED IN <u>UNLICENSED RELATIVE</u> SUBSTITUTE CARE:**

  **Financial Plan:**
  - ☐ The relative placement is financially able and willing to support the child.
  - ☐ Planning to apply for a relative caretaker grant for the child in the receiving state.

  **Medical Plan:**
  - ☐ The relative in the receiving state is able and willing to provide medical coverage for this child.
  - ☐ Medical coverage provided through TANF caretaker grant. (Resource needs to apply.)

***OR***

- **THE CHILD IS TO BE PLACED IN <u>ADOPTIVE</u> PLACEMENT:**

  **Financial Plan:**
  - ☐ Entitled to receive foster care payment from Idaho. (Home must be licensed or home must meet licensing requirements in receiving state.)
  - ☐ Eligible to receive adoption subsidy payments from Idaho.

  **Medical Plan:**
  - ☐ The child is eligible under the COBRA/ ICAMA to receive a medical card in the receiving state. (Resource may need to apply.)