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 SSI/SSA ELIGIBLE & NOT IV-E ELIGIBLE

AND:

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

  Financial Plan:
  - ☐ The parent is expected to support child. Parent needs to apply at appropriate agency to become child's payee in the receiving state.

  Medical Plan:
  - ☐ The parent is expected to provide medical coverage for the child.
  - ☐ The parent is expected to apply for medical coverage for the child if they are unable to support the child.

OR

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

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

  ***Idaho will remain payee of SSI and Foster Care payments.**

  Medical Plan:
  - ☐ The placement is eligible under SSI to receive Title XIX medical coverage. The resource is expected 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.

  ***Idaho will remain payee of SSI and Foster Care payments.**

  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 IN AN <u>ADOPTIVE</u> PLACEMENT:**

  Financial Plan:
  - ☐ The placement is eligible to receive foster care payments from Idaho. (Home must be licensed or home must meet licensing requirements in receiving state.)
  - ☐ The placement is eligible to receive adoption subsidy payment from Idaho for this child.

  ***Idaho will remain payee of child's means until adoption is finalized.**

  Medical Plan:
  - ☐ The placement is eligible under SSI to receive a Title XIX medical card. The Idaho worker shall initiate the ICAMA referral to apply for Title XIX medical coverage.
  - ☐ The adoptive family is planning to apply for the child's medical coverage.