



**Arkansas Department of Human Services
Division of Children and Family Services
Financial / Medical Plan
Interstate Compact on the Placement of Children**

Child's Name: _____ Date of Birth: _____
(SEPARATE FIN. / MED. PLAN IS REQUIRED FOR EACH CHILD)

Social Security Number: _____

Placement Resource: _____
(A SEPARATE FINANCIAL / MEDICAL PLAN IS REQUIRED FOR EACH PLACEMENT RESOURCE)

(COMPLETE PLACEMENT RESOURCE ADDRESS)

The child above **is** OR **is not** Title IV-E eligible. [If eligible, attach verification]

I. FINANCIAL PLAN [Complete either Part A OR Part B]

A. The child will be placed outside of Arkansas: [Check only one box]

in foster care OR with relative(s)

The placement resource is: [Check only one number]

- 1. Financially able and willing to support this child.
- 2. Planning to apply for financial assistance in the receiving state.
- 3. An approved foster home. The foster home will be eligible for a monthly board payment of \$_____ from Arkansas.

B. The child will be placed outside of Arkansas with [Check only one box]

parent(s) OR adoptive parent(s) OR relative(s) OR others

This placement resource is: [Check only one number]

- 1. Financially able and willing to support this child.
- 2. Planning to apply for financial assistance in the receiving state.
- 3. Entitled to receive adoption subsidy payments from Arkansas.

II. MEDICAL PLAN [Check only one number]

- 1. The child is eligible under the COBRA Act to receive a medical card from the receiving state.
- 2. Placement resource in the receiving state is willing to provide medical coverage for this child.
- 3. Placement resource is expected to apply for medical coverage for the child in the receiving state.
- 4. The child is not Title IV-E eligible and will reside in foster care or with a relative. Arkansas will be responsible for payment of medical bills.

NOTE: If the placement resource is not eligible to receive financial assistance for the child in the Receiving State or becomes unable to financially provide for this child's needs, the placement plan will be revised. Arkansas has ultimate responsibility for meeting the child's financial and medical needs. If placement fails, Arkansas will pay to have the child returned to Arkansas.

Family Service Worker Signature

Date