

**ICPC FINANCIAL/MEDICAL PLAN**  
Michigan Department of Human Services

Child's Name: \_\_\_\_\_ DHS Case Number # \_\_\_\_\_

DOB: \_\_\_\_\_ Check one:  male  female

**FINANCIAL PLAN** (check one)

- Person or Facility child is to be placed with is financially able and willing to support this child.
- Michigan will provide a foster board payment once the placement resource is licensed as a foster home.
- Planning to apply for assistance for the child in the receiving state.
- This is a return to a parent. Parent is financially responsible for the child.
- Eligible to receive adoption subsidy payments from Michigan for the child.
- Residential/Institutional Payment
- Other – Specify: \_\_\_\_\_

**MEDICAL PLAN** (check one)

- Child is IV-E eligible. The receiving state will arrange for Medicaid coverage based on the provisions of the COBRA legislation (Title IV-E). Attached IV-E verification (DHS-352).
- Child is not IV-E Eligible. The sending agency will provide a medical card and/or reimbursement for the child's medical expenditures incurred with prior approval. Include billing and medical emergency instructions.
- Person or Facility child is to be placed with agreed to provide financially for the medical needs of the child.
- This is a return to parent. Parent will provide medical for the child.
- Other – Specify: \_\_\_\_\_

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The Michigan sending agency remains ultimately financially responsible for the child and will retain jurisdiction of the child as mandated by Article V of the ICPC. If the child needs to return to Michigan, the sending agency will pay the transportation costs and will expect the full cooperation from the receiving state to accomplish this return. This financial/medical plan will be in effect upon placement of the child in the receiving state and until proper legal discharge consistent with the provisions of the Interstate Compact on the Placement of Children.

Worker Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_