



**ICPC FINANCIAL & MEDICAL PLAN**  
 ND DEPARTMENT OF HUMAN SERVICES  
 SFN 395 (Rev. 05-2001)

Date:
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Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:

**Legal Status**

Child(ren) are in Custody/Guardianship of:				
Address:	City:	State:	Zip Code:	Telephone Number:

**Financial Plan (check appropriate boxes)**

ND will provide	Foster Care Payment	Adoption Subsidy	Residential/Institutional Payment
The placement resource will procure TANF on behalf of the child(ren).			
This is a return to parent under trial reunification. Parent is financially responsible for the child(ren).			
Other (Explain)			
Adoptive parent is financially responsible for the child.			

**Medical Plan (check appropriate boxes)**

The receiving state will arrange for Medicaid coverage based on the provisions of the federal COBRA legislation (Title IV - E). <i>Include IV - E documentation.</i>
Child(ren) are not IV - E eligible. The sending agency will provide a medical card and/or reimbursement for the child(ren)'s medical expenditures incurred with prior approval. Include billing and medical emergency instructions.
The placement resource will provide for the means to meet the medical needs of the child(ren).
This is a return to parent under trial reunification. Parent will provide medically for the child(ren).
Other (Explain)

**Emergency (complete)**

After-hours and weekend emergency authorization to give medical treatment to the child(ren) can be obtained from the custodian by calling:	
Contact Person:	Telephone Number:

The sending agency remains ultimately responsible for the support of the child(ren), and will retain jurisdiction over the child(ren) as mandated by the ICPC (Article V). It shall continue to have financial responsibility for the support and maintenance of the child(ren) during the period of placement. In the event of justifiable need to return the child(ren), the sending agency will pay the transportation cost, and expect the full cooperation of the receiving state to accomplish this return. This plan will be in effect until proper legal discharge, consistent with the provisions of the Interstate Compact on the Placement of Children.

Worker Signature:	Supervisor's Signature:
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