**ICPC WISCONSIN FINANCIAL / MEDICAL PLAN**

**Use of form:** Complete this form for each child requested to be placed out of state. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

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| **CHILD INFORMATION** | | | | | | |
| Name – Child (Last, First MI) | | | | Birthdate (mm/dd/yyyy) | | eWiSACWIS Case ID |
| Child is Title IV-E eligible:  Yes  No  Pending | | | | | | |
| Type of Care: | | | | | | |
| Parent  Unlicensed Relative  Licensed Relative (Not Parent) | | | Foster Home (Non-relative)  Group Home  Residential Care Center | | Other - Detail: | |
| **FINANCIAL PLAN** | | | | | | |
| If the placement occurs, the financial plan for this child is: | | | | | | |
|  | | The proposed placement resource is the parent of the child and is financially responsible for the child. | | | | |
|  | | The proposed placement resource is not eligible for financial support from      , and is able and willing to support this child (attach  letter signed by proposed resource with verification of understanding). | | | | |
|  | | The proposed placement resource will receive Kinship Care payments from       upon approval. | | | | |
|  | | The proposed placement resource will receive a foster care rate from      .       will pay a foster care rate of $      per month for this child upon licensure and placement.  TBD | | | | |
|  | | The residential placement costs and any costs associated with the disruption of the placement will be covered by | | | | |
|  | | Other - Specify: | | | | |
| **MEDICAL PLAN** | | | | | | |
| If the placement occurs, the medical plan for this child is: | | | | | | |
|  | The proposed resource is the parent of the child and is responsible for the child’s medical expenses (IV-E not applicable). | | | | | |
|  | Child is IV-E eligible.       will arrange for Medicaid coverage based on provisions of federal COBRA legislation. | | | | | |
|  | Child is not IV-E eligible.       will reimburse the placement resource for child's medical expenses. | | | | | |
|  | Child’s IV-E eligibility is pending. | | | | | |
|  | The medical expenses incurred while the child is at the residential facility will be reimbursed by      . | | | | | |
|  | Other - Specify: | | | | | |
| The Wisconsin sending agency remains ultimately financially responsible for the child and will retain jurisdiction of the child as mandated by Article 5 of ICPC (s. 48.988(5), Wis. Stats.).  If the child needs to return to Wisconsin,       will pay the transportation costs and will expect the full cooperation from the receiving state to accomplish this return. This plan will be in effect following the placement of the child and until approved termination of the placement consistent with the provisions of the Interstate Compact on the Placement of Children. | | | | | | |
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|  | Name – Worker |  |  | |
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|  | **SIGNATURE** – Worker |  | Date Signed |  |
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