## Mock State Department of Child and Family Services

#### INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO: Mock State A				FROM: Mock State				
	S	ECTION I -	<b>IDENTIF</b>	YING DATA	A			
					Hispa	ispanic Origin: □ Yes  ☑No □ Unable to		
Social Security Number: ICWA eligible:			<b>:</b>	determine				
XXX-XX-XXX		☐ Yes ☑No				☐ Unknown		
Sex:	Date of Birth:	Title IV-E:	1 ⊔Decline I Race:		□Declined			
Female	1/12/10	☑Yes □No [			dian or □ Native Hawaiian/other			
				Alaskan Native Pacific Islander				
				☐ Asian ☐ Black or African				
				☑Caucasiar	n	American		
Name of Mother:	Janet Morgan		Name of	me of Father: Raymond Capa				
	and Person Respo	onsible for	Email:			Telephone Number		
Planning for Chil			<u>btillman</u>	btillman@dcfs.gov 1-888-777-200				
	trict Office, Brooke	e Hillman						
Address:	bild and Eamily S	onicos locks	opvilla Di	atriat Office				
123 Main Street	child and Family S , Jacksonville, Mo	ck State 1200	6	Strict Office				
	Financially Respo		Email:		Telephone Number			
Child:			btillman	@dcfs.gov		1-888-777-2000, ext. 122		
Jacksonville Di	strict Office					,		
Address:								
	hild and Family S			strict Office				
123 Main Street	, Jacksonville, Mo			NEODWATIO	201			
Name of Baroon/	s) or Facility Child	CTION II - PLA		INFORMATIC	JN	SSN (optional):		
Patricia Peppe	-	is to be riace	eu witti.			XXX-XX-XXXX		
Address:	13					Telephone Number:		
	e Road, Aspenv	ille Mock Sta	ate A 20	001		123-456-7890		
Type of Care Rec		mo, moon on	ato 71, 20	001		□ ADOPTION		
☑ Foster Family Ho		Treatment Cente	er 🛮 Par	☐ Parent		□ IV-E Subsidy		
☐ Group Home Car		l care – Adjudicat	•			☐ Non-IV-E Subsidy		
☐ Child Care Institu ☐ Other:	tion Delinquent		Parent) Relationship:			To Be Finalized in:		
Li Ottier.				ernal Aunt		☐ Sending State ☐ Receiving State		
Current Legal Status of Child: □ Protective Supervision						Linecelving State		
☑ Sending Agency Custody/Guardianship □ Parental Rights Terminated – Right to Place for Adoption								
☐ Parent/Relative Custody/Guardianship ☐ Unaccompanied Refugee Minor								
□ Court Jurisdiction Only □ Other:  SECTION III – SERVICES REQUESTED								
Initial Report Requested: Supervisory Services Reque			uested:		pervisory Reports Requested:			
	☐ Parent Home Study ☐ Request Receiving State Supervision							
☑ Relative Home St ☐ Adoptive Home S		0,0				⊒ Semi-Annually ⊒ Upon Request		
☑ Foster Care Hom						□ Other:		
Name and Address of Supervising Agency In Receiving State:  Dept. of Children and Youth Services, 119 Center Street, Capital City, Mock State A, 20011								
Enclosed: ☐ Child's Social History ☐ Court Order ☐ Financial/Medical Plan ☐ Other:								
☐ Home Study of Placement Resource ☐ ICWA Enclosure ☐ IV-E Eligibility Documentation								
Signature of Sending Agency or Person:				Date:				
Brooke Tillman						10/6/2020		
Signature of Sending State Compact Administrator/De						Date:		
flexandra 9	Alexandra Kim							

## Mock State Department of Child and Family Services

#### INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO: Mock State A				FROM: Mock State				
SECTION I – IDENTIFYING DATA								
Notice is given o						Origin: □ Yes	☑No	
Notice is given of intent to place – Name of child: Ethnicity: H Layla Morgan					iispariic C	□ Unable to		
, ,				determine				
Social Security Number: ICWA eligible:						□ Unkno		
XXX-XX-XXXX Sex:					□Declin	ed		
Female				Indian or	r □ Native Hav	waiian/other		
Citiale	Alaskan Native Pacific Islander							
□ Asian						☐ Black or A		
			ı	☑Caucasiar		Americar	<u>1</u>	
Name of Mother:				<b>Father</b> : Rayr				
	and Person Respo	onsible for	Email:			ephone Numb		
Planning for Chil		Tillman	<u>btillman</u>	@dcfs.gov	1-8	388-777-200	0, ext. 122	
Address:	trict Office, Brooke	e miman						
	hild and Family S	ervices, Jacks	sonville Dis	strict Office				
	, Jacksonville, Mo			54.10t <b>6</b> 11.100				
Name of Agency	Financially Respo		Email:			ephone Numb		
Child:			btillman	@dcfs.gov	1-8	388-777-200	0, ext. 122	
Jacksonville D	istrict Office							
Address:	N-11-1   F11 O		: : : : : : : : : : : : : : : :	- 4: - 4 Off:				
	Child and Family S			strict Office				
123 Main Street	, Jacksonville, Mo	CTION II - PLA		INFORMATIO	N			
Name of Person(	s) or Facility Child			INI OKWATIC		SSN (optional):		
Patricia Peppe				xxx-xx-xxxx				
Address:					Telephone Number:			
633 Knotty Pin	e Road, Aspenv	ille, Mock St	ate A, 200	001 123-456-7890				
Type of Care Rec						ADOPTION		
☑ Foster Family Ho ☐ Group Home Car		Treatment Cente				□ IV-E Sub		
☐ Child Care Institu		l care – Adjudica	leu 🖭 Kei		I To	□ Non-IV-E Be Finalized in	•	
☐ Other:				ationship:		Sending State	•••	
			Mate	rnal Aunt		Receiving Stat	ie .	
Current Legal Status of Child: □ Protective Supervision								
☐ Sending Agency Custody/Guardianship ☐ Parental Rights Terminated – Right to Place for Adoption ☐ Parent/Relative Custody/Guardianship ☐ Unaccompanied Refugee Minor								
☐ Court Jurisdiction Only ☐ Other:								
SECTION III – SERVICES REQUESTED  Initial Report Requested: Supervisory Reports Requested: Supervisory Reports Requested:								
Initial Report Requ  ☐ Parent Home Stu					Supervis  ☑ Quarte	sory Reports Re	quested:	
					⊒ Semi-Annually			
	Adoptive Home Study ☐ Sending Agency to Supervise [				☐ Upon Request			
☐ Foster Care Home Study ☐ Other:								
Name and Address of Supervising Agency In Receiving State: Dept. of Children and Youth Services, 119 Center Street, Capital City, Mock State A, 20011								
Enclosed: ☐ Child's Social History ☐ Court Order ☐ Financial/Medical Plan ☐ Other: ☐ Home Study of Placement Resource ☐ ICWA Enclosure ☐ IV-E Eligibility Documentation								
Signature of Sending Agency or Person:  Date:								
Brooke Tillman						/2020		
Signature of Sending State Compact Administrator/Deputy:					Date	): /2020		
Alexandra Kim								

# Mock State Department of Child and Family Services INTERSTATE COMPACT PLACEMENT REQUEST

TO: Mock State A			FRC	FROM: Mock State				
		ECTION I -						
Notice is given of intent to place – Name of child: Jessica Morgan				Ethnicity: Hispanic Origin: ☐ Yes ☐ Unable				
Social Security Number: ICWA eligible:			<b>9</b> :	determine	□ Unknown			
XXX-XX-XXXX					□ Officiowiii □Declined			
Sex:	Date of Birth:	Title IV-E: Race:			<u> </u>			
Female	5/1/14	☑Yes □No [	□Pending	☐ American Indian or ☐ Native Hawaiian/other				
	<i></i>			Alaskan Native Pacific Islander				
				☐ Asian ☐ Black or African				
				☑Caucasian	casian American			
Name of Mother:			Name of	<b>Father:</b> Justin F	Rogers			
	and Person Respo	onsible for	Email:		Telephone Number			
Planning for Chil			btillman	@dcfs.gov	1-888-777-2000, ext. 122			
Jacksonville Dis	trict Office, Brooke	e Tillman						
Address:								
	hild and Family S			strict Office				
	Jacksonville, Mo				1			
Name of Agency Child:	Financially Respo	nsible for	Email:	O.1-f	Telephone Number			
Jacksonville Di	atriat Office		btiliman	@dcfs.gov	1-888-777-2000, ext. 122			
Address:	Strict Office							
	hild and Family S	envices lacks	onvilla Di	strict Office				
	Jacksonville, Mo			Strict Office				
123 Maili Street,				INFORMATION				
Name of Person(	s) or Facility Child				SSN (optional):			
Patricia Peppe	-			xxx-xx-xxxx				
Address:								
Address:								
	e Road. Aspenv	ille. Mock St	ate A. 20	001	Telephone Number:			
633 Knotty Pin	e Road, Aspenv	ille, Mock Sta	ate A, 20	001				
	juested:	ille, Mock Sta	er □ Par	ent	Telephone Number: 123-456-7890			
633 Knotty Pin  Type of Care Rec  ☑ Foster Family Ho  ☐ Group Home Care	<b>luested:</b> me ☐ Residentia e ☐ Institutiona	l Treatment Cente l care – Adjudicat	er □ Par ed ☑ Rel	ent ative (Not	Telephone Number: 123-456-7890  □ ADOPTION □ IV-E Subsidy □ Non-IV-E Subsidy			
633 Knotty Pin  Type of Care Rec  ☐ Foster Family Ho ☐ Group Home Care ☐ Child Care Institu	<b>luested:</b> me ☐ Residentia e ☐ Institutiona	l Treatment Cente l care – Adjudicat	er □ Par ted ☑ Rel Par	ent ative (Not ent)	Telephone Number: 123-456-7890  □ ADOPTION □ IV-E Subsidy □ Non-IV-E Subsidy To Be Finalized in:			
633 Knotty Pin  Type of Care Rec  ☑ Foster Family Ho  ☐ Group Home Care	<b>luested:</b> me ☐ Residentia e ☐ Institutiona	l Treatment Cente l care – Adjudicat	er □ Par ed ☑ Rel Par Rela	ent ative (Not ent) ationship:	Telephone Number: 123-456-7890  □ ADOPTION □ IV-E Subsidy □ Non-IV-E Subsidy To Be Finalized in: □ Sending State			
633 Knotty Pin Type of Care Rec ☑ Foster Family Ho ☐ Group Home Car ☐ Child Care Institu ☐ Other:	<b> uested:</b> me	l Treatment Cente I care – Adjudicat	er □ Par ted ☑ Rela Par Rela Mate	ent ative (Not ent) ationship: ernal Aunt	Telephone Number: 123-456-7890  □ ADOPTION □ IV-E Subsidy □ Non-IV-E Subsidy To Be Finalized in:			
633 Knotty Pin Type of Care Rec ☑ Foster Family Ho ☐ Group Home Car ☐ Child Care Institu ☐ Other:  Current Legal Sta	ruested: me ☐ Residentia e ☐ Institutiona tion Delinquent atus of Child:	I Treatment Cente I care – Adjudicat □ P	er □ Par led ☑ Rel Par Rela Mate	ent ative (Not ent) ationship: ernal Aunt pervision	Telephone Number: 123-456-7890  □ ADOPTION  □ IV-E Subsidy □ Non-IV-E Subsidy To Be Finalized in: □ Sending State □ Receiving State			
633 Knotty Pin Type of Care Rec ☑ Foster Family Ho ☐ Group Home Car ☐ Child Care Institu ☐ Other:  Current Legal Sta ☑ Sending Agency (	ruested: me ☐ Residentia e ☐ Institutiona tion Delinquent  atus of Child: Custody/Guardianship	l Treatment Cente l care – Adjudicat □ P □ P	er □ Par ded ☑ Rel Par Rela Mate rotective Su arental Right	ent ative (Not ent) ationship: ernal Aunt pervision	Telephone Number: 123-456-7890  □ ADOPTION □ IV-E Subsidy □ Non-IV-E Subsidy To Be Finalized in: □ Sending State			
633 Knotty Pin Type of Care Rec ☑ Foster Family Ho ☐ Group Home Car ☐ Child Care Institu ☐ Other:  Current Legal Sta ☑ Sending Agency (	ruested: me ☐ Residentia e ☐ Institutiona tion Delinquent  atus of Child: Custody/Guardianship Only	l Treatment Cente I care – Adjudicat	er	ent ative (Not ent) ationship: ernal Aunt pervision as Terminated – Ri ed Refugee Minor	Telephone Number: 123-456-7890  □ ADOPTION  □ IV-E Subsidy □ Non-IV-E Subsidy To Be Finalized in: □ Sending State □ Receiving State			
633 Knotty Pin Type of Care Rec  ☑ Foster Family Ho ☐ Group Home Care ☐ Child Care Institu ☐ Other:  Current Legal Sta ☑ Sending Agency (☐ Parent/Relative C☐ Court Jurisdiction	ruested: me  ☐ Residentia e  ☐ Institutiona tion  Delinquent  atus of Child: Custody/Guardianship ustody/Guardianship Only	I Treatment Center I care – Adjudicat	er	ent ative (Not ent) ationship: ernal Aunt pervision as Terminated – Ri ed Refugee Minor	Telephone Number:  123-456-7890  ADOPTION  IV-E Subsidy  Non-IV-E Subsidy  To Be Finalized in:  Sending State  Receiving State			
633 Knotty Pin Type of Care Rec  ☑ Foster Family Ho ☐ Group Home Care ☐ Child Care Institu ☐ Other:  Current Legal Sta ☑ Sending Agency (☐ Parent/Relative C☐ Court Jurisdiction  Initial Report Requirements	me ☐ Residentia e ☐ Institutiona tion Delinquent  atus of Child: Custody/Guardianship ustody/Guardianship Only	Treatment Center I care – Adjudicat	er	ent ative (Not ent) ationship: ernal Aunt pervision as Terminated – Ri ed Refugee Minor  REQUESTED uested: Si	Telephone Number:  123-456-7890  ADOPTION  IV-E Subsidy  Non-IV-E Subsidy  To Be Finalized in:  Sending State  Receiving State			
633 Knotty Pin Type of Care Rec  ☑ Foster Family Ho ☐ Group Home Care ☐ Child Care Institu ☐ Other:  Current Legal Sta ☑ Sending Agency (☐ Parent/Relative C☐ Court Jurisdiction	me	I Treatment Center I care – Adjudicate I care – Adjudicate I care – P □ P □ U □ C ■ C ■ C ■ C ■ C ■ C ■ C ■ C ■ C ■ C	er	ent ative (Not ent) ationship: ernal Aunt pervision is Terminated – Ri ed Refugee Minor  REQUESTED uested: Si Supervision	Telephone Number:  123-456-7890  ADOPTION  IV-E Subsidy  Non-IV-E Subsidy  To Be Finalized in:  Receiving State  Receiving State  Quervisory Reports Requested:  Quarterly			
633 Knotty Pin Type of Care Rec  ☑ Foster Family Ho ☐ Group Home Care ☐ Child Care Institu ☐ Other:  Current Legal Sta ☑ Sending Agency (☐ Parent/Relative C☐ Court Jurisdiction  Initial Report Requi	me	Treatment Center I care – Adjudicat	er  Par ted  Rel Par Rel Mate rotective Sup arental Right Inaccompani Other: ERVICES ervices Req ceiving State accy Agreed t	ent ative (Not ent) ationship: ernal Aunt pervision is Terminated – Ri ed Refugee Minor  REQUESTED uested: Supervision o Supervise	Telephone Number:  123-456-7890  ADOPTION  IV-E Subsidy  Non-IV-E Subsidy  To Be Finalized in:  Sending State  Receiving State			
633 Knotty Pin  Type of Care Rec  ☐ Foster Family Ho ☐ Group Home Care ☐ Child Care Institu ☐ Other:  Current Legal Sta ☐ Sending Agency (☐ Parent/Relative C☐ Court Jurisdiction  Initial Report Requi ☐ Parent Home Stu	me	□ P □ C   C   C   C   C   C   C   C   C   C	er  Par ted  Rel Par Rela Mate rotective Sup arental Right Inaccompani other: BERVICES ervices Req ceiving State ncy Agreed t ncy to Super	ent ative (Not ent) ationship: ernal Aunt pervision as Terminated – Ried Refugee Minor  REQUESTED uested: Supervision o Supervise vise	Telephone Number:  123-456-7890  ADOPTION  IV-E Subsidy  Non-IV-E Subsidy  To Be Finalized in:  Sending State  Receiving State  The phase of the Adoption  Impervisory Reports Requested:  Quarterly  Semi-Annually			
633 Knotty Pin  Type of Care Rec  ☐ Foster Family Ho ☐ Group Home Care ☐ Child Care Institu ☐ Other:  Current Legal Sta ☐ Sending Agency (☐ Parent/Relative C☐ Court Jurisdiction  Initial Report Requi ☐ Parent Home Sta	me	□ P □ P □ U □ C SECTION III - S Supervisory S □ Request Rec □ Another Ager □ Sending Age	er  Par led  Rel Par Rel Mate rotective Sup arental Right Inaccompani Other: ERVICES ervices Req beiving State ancy Agreed t ancy to Super	ent ative (Not ent) ationship: ernal Aunt pervision is Terminated – Ri ed Refugee Minor  REQUESTED uested: Supervision o Supervise vise	Telephone Number:  123-456-7890  ADOPTION  IV-E Subsidy  Non-IV-E Subsidy  To Be Finalized in:  Sending State  Receiving State  Receiving State  ght to Place for Adoption  Appervisory Reports Requested:  Quarterly  Semi-Annually  Upon Request			
633 Knotty Pin Type of Care Rec  ☐ Foster Family Ho ☐ Group Home Care ☐ Child Care Institu ☐ Other:  Current Legal State ☐ Sending Agency ( ☐ Parent/Relative C ☐ Court Jurisdiction  Initial Report Require ☐ Parent Home State ☐ Relative Home State ☐ Relative Home State ☐ Robotive Home State ☐ Foster Care Hom  Name and Addre Dept. of Childre  Enclosed: ☐ Child	me	I Treatment Center I care – Adjudicate I care	er  Par  led  Rel  Par  Rela  Mate  rotective Su  arental Right Inaccompani other:  ERVICES  ervices Req  ceiving State ncy Agreed t ncy to Super  eiving State conter St  curt Order	ent ative (Not ent) ationship: at	Telephone Number:  123-456-7890  ADOPTION  IV-E Subsidy  Non-IV-E Subsidy  To Be Finalized in:  Sending State  Receiving State  Place for Adoption  Ipervisory Reports Requested:  Quarterly Semi-Annually Upon Request Other:  City, Mock State A, 20011  Medical Plan Other:			
633 Knotty Pin Type of Care Rec  ☐ Foster Family Ho ☐ Group Home Car ☐ Child Care Institu ☐ Other:  Current Legal Sta ☐ Sending Agency (☐ Parent/Relative C☐ Court Jurisdiction  Initial Report Requi ☐ Parent Home Sta ☐ Relative Home Sta ☐ Adoptive Home Sta ☐ Adoptive Home Sta ☐ Foster Care Hom Name and Addre Dept. of Childro ☐ Enclosed: ☐ Childro ☐ Hom	me Residentia e Institutiona tion Delinquent  atus of Child: Custody/Guardianship ustody/Guardianship Only  ested: dy udy tudy e Study ss of Supervising en and Youth Se d's Social History e Study of Placement	Treatment Center   Care – Adjudicate   Care – Adjudicate   P   P   P   P   P   P   P   P   P	er  Par  led  Rel  Par  Rela  Mate  rotective Su  arental Right Inaccompani other:  ERVICES  ervices Req  ceiving State ncy Agreed t ncy to Super  eiving State conter St  curt Order	ent ative (Not ent) ationship: at	Telephone Number:  123-456-7890  ADOPTION  IV-E Subsidy  Non-IV-E Subsidy  To Be Finalized in:  Sending State  Receiving State  Place for Adoption  Ipervisory Reports Requested:  Quarterly  Semi-Annually  Upon Request  Other:  City, Mock State A, 20011			
633 Knotty Pin  Type of Care Rec  Foster Family Ho  Group Home Car  Child Care Institu  Other:  Current Legal Sta  Sending Agency ( Parent/Relative C  Court Jurisdiction  Initial Report Requi Parent Home Stu  Relative Home Sta  Relative Home Sta  Relative Home Sta  Foster Care Hom  Name and Addre  Dept. of Childre  Enclosed: □ Childre  Signature of Sen  Brooke Tillw	atus of Child: Custody/Guardianship ustody/Guardianship only ested: dy udy tudy e Study ss of Supervising en and Youth Se d's Social History e Study of Placement ding Agency or Pe	Treatment Center   Care – Adjudicate   Care – Adjudicate   Part   Part	er  Par led  Rel Par Rel Mate rotective Sul arental Right Inaccompani other: ERVICES ervices Req ceiving State ncy Agreed t ncy to Super Center St ourt Order VA Enclosure	ent ative (Not ent) ationship: at	Telephone Number:  123-456-7890  □ ADOPTION □ IV-E Subsidy □ Non-IV-E Subsidy To Be Finalized in: □ Sending State □ Receiving State  ght to Place for Adoption  Upervisory Reports Requested: Quarterly Semi-Annually Upon Request Other:  City, Mock State A, 20011  Medical Plan □ Other: bility Documentation			
633 Knotty Pin  Type of Care Rec  Foster Family Ho  Group Home Car  Child Care Institu  Other:  Current Legal Sta  Sending Agency ( Parent/Relative C  Court Jurisdiction  Initial Report Requi Parent Home Stu  Relative Home Sta  Relative Home Sta  Relative Home Sta  Foster Care Hom  Name and Addre  Dept. of Childre  Enclosed: □ Childre  Signature of Sen  Brooke Tillw	me	Treatment Center   Care – Adjudicate   Care – Adjudicate   Part   Part	er  Par led  Rel Par Rel Mate rotective Sul arental Right Inaccompani other: ERVICES ervices Req ceiving State ncy Agreed t ncy to Super Center St ourt Order VA Enclosure	ent ative (Not ent) ationship: at	Telephone Number:  123-456-7890  □ ADOPTION □ IV-E Subsidy □ Non-IV-E Subsidy To Be Finalized in: □ Sending State □ Receiving State  cht to Place for Adoption  Ipervisory Reports Requested: Quarterly Semi-Annually Upon Request Other:  City, Mock State A, 20011  Medical Plan □ Other: bility Documentation  Date:			

#### Mock State

## Department of Child and Family Services INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

FINANCIAL - MEDICAL PLAN

Complete one form for each child. Complete one additional for the same child for each separate resource being studied.

DCFS District Office:	County:	Date10/	6/20			
Jacksonville	Jacksonville					
Name of Child:	Name of Resource:		State:			
Kerry Morgan	gan Patricia Peppers		Mock State A			
FINANCIAL PLAN (check only one)						
Description of how the child's shelter, food, clothing and related maintenance needs will be met in the receiving state.						
	ster care payments at the receiv					
•	nsed or certified as a foster pare	•	•			
•	ply for a TANF Child-Only Grant		•			
`	NF Child-Only Grants are not av		,			
•	s agreed in writing to meet the fir					
	arent. The parent is finically resp		for the child.			
<u> </u>	ce will be made payee for benef					
	l and the amount will be determin	ned prio	r to the date of			
placement.						
	IFDICAL DI ANI (abaala ambaasa	-\				
<u>IVI</u>	EDICAL PLAN (check only one	<u>e)</u>				
Description of how the c	hild's medical coverage needs will be m	et in the	receiving state.			
	e. Copy of the Title IV-E eligibi					
the DCFS District Revenue Maximization Unit must be attached) The receiving state will						
arrange for Medicaid coverage based on the Title IV-E eligibility.						
☐ The child will be eligible for Medicaid in the receiving state under the TANF Child-Only Grant.						
☐ The child is not IV-E eligible. The DCFS region is financially responsible and will provide						
reimbursement for the child's medical expenditures or make other arrangements as explained						
in the attached memo.						
☐ Child is Medicaid eligible as a recipient of SSI						
☐ This is a placement with a parent. The parent is finically responsible for meeting the						
medical needs of the child.						
☐ The placement resource has	s agreed in writing to provide for	and me	et the medical needs			
of the child.						
	l and the amount will be determin	ned prio	r to the date of			
placement.						
When a child is placed in another state, the DCFS region remains ultimately responsible for the financial						

Section 123.101, C.C. In the event of a placement disruption or other reason to return the child to Mock State, the DCFS region may need to escort the returning child and must pay the associated transportation cost. This financial-medical plan will remain in effect during the period of the child's placement in the receiving state.

Case Worker's Signature: Brooke Tillman Case Worker's Name (Print): Brooke Tillman

Phone Number: 1-888-777-2000, ext. 122

Mock State

Supervisor's Signature: Robin White

Supervisor's Name (Print): Robin White Phone Number: 1-888-777-2000, ext. 132

## Department of Child and Family Services INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

FINANCIAL - MEDICAL PLAN				
Complete one form for each child. Cor			ate resource being studied.	
DCFS District Office: Jacksonville	County: Jacksonville	Date: 10/6/202	00	
Jacksonville	Jacksonville	10/0/202		
Name of Child:	Name of Resource:		State:	
Layla Morgan	Patricia Peppers		Mock State A	
FINANCIAL PLAN (check only one)  Description of how the child's shelter, food, clothing and related maintenance needs will be met in the receiving state				
<ul> <li>☑ DCFS District will provide foster care payments at the receiving state foster care rate once the placement resource is licensed or certified as a foster parent by the receiving state</li> <li>☐ The relative resource will apply for a TANF Child-Only Grant in the receiving state on behalf of the child. (NOTE: TANF Child-Only Grants are not available in all states)</li> <li>☐ The placement resource has agreed in writing to meet the financial needs of the child.</li> <li>☐ This is a placement with a parent. The parent is finically responsible for the child.</li> <li>☐ Child is SSI-eligible. Resource will be made payee for benefits</li> <li>☐ Adoption subsidy is planned and the amount will be determined prior to the date of placement.</li> </ul>				
MEDICAL PLAN (check only one)  Description of how the child's medical coverage needs will be met in the receiving state.				
<ul> <li>☑ The child is Title IV-E eligible. Copy of the Title IV-E eligibility document certified by the DCFS District Revenue Maximization Unit must be attached) The receiving state will arrange for Medicaid coverage based on the Title IV-E eligibility.</li> <li>☐ The child will be eligible for Medicaid in the receiving state under the TANF Child-Only Grant.</li> <li>☐ The child is not IV-E eligible. The DCFS region is financially responsible and will provide reimbursement for the child's medical expenditures or make other arrangements as explained in the attached memo.</li> <li>☐ Child is Medicaid eligible as a recipient of SSI</li> <li>☐ This is a placement with a parent. The parent is finically responsible for meeting the medical needs of the child.</li> <li>☐ The placement resource has agreed in writing to provide for and meet the medical needs of the child.</li> <li>☐ Adoption subsidy is planned and the amount will be determined prior to the date of placement.</li> </ul>				
When a child is placed in another state, the DCFS region remains ultimately responsible for the financial and medical needs of the child and must retain jurisdiction over the child as required by Article VI(a) of Section 123.101, C.C. In the event of a placement disruption or other reason to return the child to Mock State, the DCFS region may need to escort the returning child and must pay the associated transportation cost. This financial-medical plan will remain in effect during the period of the child's placement in the receiving state.				
Case Worker's Signature: Brooke Tillman Supervisor's Signature: Robin White				
Case Worker's Name (Print): Brooke Tillman  Phone Number: 1-888-777-2000, ext. 122  Supervisor's Name (Print): Robin White  Phone Number: 1-888-777-2000, ext. 132				

Attachments: ☑ Yes ☐ No

#### **Mock State**

## Department of Child and Family Services INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

FINANCIAL - MEDICAL PLAN

Complete one form for each child. Complete one additional for the dame child for each separate resource being studied.

DCFS District Office:	County: Date:					
Jacksonville	Jacksonville	ille 10/6/20				
Name of Child:	Name of Resource:		State:			
Jessica Morgan	organ Patricia Peppers		Mock State A			
FINANCIAL DI ANIZILI SISSESSI SI						
FINANCIAL PLAN (check only one)						
Description of how the child's shelter, food, clothing and related maintenance needs will be met in the receiving state.						
<ul> <li>☑ DCFS District will provide foster care payments at the receiving state foster care rate once the placement resource is licensed or certified as a foster parent by the receiving state</li> <li>☐ The relative resource will apply for a TANF Child-Only Grant in the receiving state on behalf of the child. (NOTE: TANF Child-Only Grants are not available in all states)</li> </ul>						
`	s agreed in writing to meet the fir		,			
•	arent. The parent is finically resp					
•	ce will be made payee for benefi		TO THE GING.			
•	and the amount will be determing		r to the date of			
placement.	and the amount will be determin	ieu piio	i to the date of			
<u>M</u>	EDICAL PLAN (check only one	<u>e)</u>				
Description of how the c	hild's medical coverage needs will be m	et in the	receiving state.			
☑ The child is Title IV-E eligible. Copy of the Title IV-E eligibility document certified by the DCFS District Revenue Maximization Unit must be attached) The receiving state will arrange for Medicaid coverage based on the Title IV-E eligibility.						
☐ The child will be eligible for Medicaid in the receiving state under the TANF Child-Only Grant.						
☐ The child is not IV-E eligible. The DCFS region is financially responsible and will provide reimbursement for the child's medical expenditures or make other arrangements as explained in the attached memo.						
☐ Child is Medicaid eligible as a recipient of SSI						
$\square$ This is a placement with a parent. The parent is finically responsible for meeting the medical needs of the child.						
☐ The placement resource has agreed in writing to provide for and meet the medical needs of the child.						
☐ Adoption subsidy is planned and the amount will be determined prior to the date of placement.						
When a child is placed in another state, the DCFS region remains ultimately responsible for the financial and medical needs of the child and must retain jurisdiction over the child as required by Article VI(a) of Section 123, 101. C.C. In the event of a placement disruption or other reason to return the child to Mock						

When a child is placed in another state, the DCFS region remains ultimately responsible for the financial and medical needs of the child and must retain jurisdiction over the child as required by Article VI(a) of Section 123.101, C.C. In the event of a placement disruption or other reason to return the child to Mock State, the DCFS region may need to escort the returning child and must pay the associated transportation cost. This financial-medical plan will remain in effect during the period of the child's placement in the receiving state.

Case Worker's Signature: Brooke Tillman

Supervisor's Signature: Robin White

Case Worker's Name (Print): Brooke Tillman

Supervisor's Name (Print): Robin White