

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 of intent to place – Name of child: Kerry Morgan		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to	
Social Security Number: XXX-XX-XXXX	ICWA eligible: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	determine	
Sex: Female	Date of Birth: 1/12/05	<input type="checkbox"/> Unknown <input type="checkbox"/> Declined	
	Title IV-E: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian	
		<input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Black or African American	
Name of Mother: Janet Morgan		Name of Father: Raymond Capa	
Name of Agency and Person Responsible for Planning for Child: Jacksonville District Office, Brooke Tillman		Email: btillman@dcsf.gov	Telephone Number 1-888-777-2000, ext. 122
Address: Department of Child and Family Services, Jacksonville District Office 123 Main Street, Jacksonville, Mock State 12006			
Name of Agency Financially Responsible for Child: Jacksonville District Office, Brooke Tillman		Email: btillman@dcsf.gov	Telephone Number 1-888-777-2000, ext. 122
Address: Department of Child and Family Services, Jacksonville District Office 123 Main Street, Jacksonville, Mock State 12006			
SECTION II – PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is To Be Placed With: Patricia Peppers		SSN (optional): XXX-XX-XXXX	
Address: 633 Knotty Pine Road, Aspsville, Mock State A, 20001		Telephone Number: 123-456-7890	
Type of Care Requested: <input checked="" type="checkbox"/> Foster Family Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> Child Care Institution <input type="checkbox"/> Other:		<input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Institutional care – Adjudicated Delinquent <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Relative (Not Parent) Relationship: Maternal Aunt	
		<input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non-IV-E Subsidy To Be Finalized in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State	
Current Legal Status of Child: <input checked="" type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent/Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only		<input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated – Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other:	
SECTION III – SERVICES REQUESTED			
Initial Report Requested: <input type="checkbox"/> Parent Home Study <input checked="" type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input checked="" type="checkbox"/> Foster Care Home Study	Supervisory Services Requested: <input checked="" type="checkbox"/> Request Receiving State Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports Requested: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> 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: <input type="checkbox"/> Child's Social History <input checked="" type="checkbox"/> Court Order <input checked="" type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other: <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input checked="" type="checkbox"/> IV-E Eligibility Documentation			
Signature of Sending Agency or Person: <i>Brooke Tillman</i>		Date: 10/6/2015	
Signature of Sending State Compact Administrator/Deputy: <i>Alexandra Kim</i>		Date: 10/6/2015	

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 of intent to place – Name of child: Layla Morgan		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to determine	
Social Security Number: XXX-XX-XXXX		ICWA eligible: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sex: Female	Date of Birth: 3/25/07	Title IV-E: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Black or African American			
Name of Mother: Janet Morgan		Name of Father: Raymond Capa	
Name of Agency and Person Responsible for Planning for Child: Jacksonville District Office, Brooke Tillman		Email: btillman@dcfs.gov	Telephone Number 1-888-777-2000, ext. 122
Address: Department of Child and Family Services, Jacksonville District Office 123 Main Street, Jacksonville, Mock State 12006			
Name of Agency Financially Responsible for Child: Jacksonville District Office, Brooke Tillman		Email: btillman@dcfs.gov	Telephone Number 1-888-777-2000, ext. 122
Address: Department of Child and Family Services, Jacksonville District Office 123 Main Street, Jacksonville, Mock State 12006			
SECTION II – PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is To Be Placed With: Patricia Peppers		SSN (optional): XXX-XX-XXXX	
Address: 633 Knotty Pine Road, Aspsville, Mock State A, 20001		Telephone Number: 123-456-7890	
Type of Care Requested: <input checked="" type="checkbox"/> Foster Family Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> Child Care Institution <input type="checkbox"/> Other:		<input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Institutional care – Adjudicated Delinquent <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Relative (Not Parent) Relationship: Maternal Aunt	
<input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non-IV-E Subsidy		To Be Finalized in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State	
Current Legal Status of Child: <input checked="" type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent/Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated – Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other:			
SECTION III – SERVICES REQUESTED			
Initial Report Requested: <input type="checkbox"/> Parent Home Study <input checked="" type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input checked="" type="checkbox"/> Foster Care Home Study		Supervisory Services Requested: <input checked="" type="checkbox"/> Request Receiving State Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	
		Supervisory Reports Requested: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> 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: <input type="checkbox"/> Child's Social History <input checked="" type="checkbox"/> Court Order <input checked="" type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other: <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input checked="" type="checkbox"/> IV-E Eligibility Documentation			
Signature of Sending Agency or Person: <i>Brooke Tillman</i>		Date: 10/6/2015	
Signature of Sending State Compact Administrator/Deputy: <i>Alexandra Kim</i>		Date: 10/6/2015	

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

TO: Mock State A		FROM: Mock State	
SECTION I – IDENTIFYING DATA			
Notice is given of intent to place – Name of child: Jessica Morgan		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unable to determine	
Social Security Number: XXX-XX-XXXX	ICWA eligible: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown <input type="checkbox"/> Declined	
Sex: Female	Date of Birth: 5/1/09	Title IV-E: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Black or African American
Name of Mother: Janet Morgan		Name of Father: Justin Rogers	
Name of Agency and Person Responsible for Planning for Child: Jacksonville District Office, Brooke Tillman		Email: btillman@dcfs.gov	Telephone Number 1-888-777-2000, ext. 122
Address: Department of Child and Family Services, Jacksonville District Office 123 Main Street, Jacksonville, Mock State 12006			
Name of Agency Financially Responsible for Child: Jacksonville District Office, Brooke Tillman		Email: btillman@dcfs.gov	Telephone Number 1-888-777-2000, ext. 122
Address: Department of Child and Family Services, Jacksonville District Office 123 Main Street, Jacksonville, Mock State 12006			
SECTION II – PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is To Be Placed With: Patricia Peppers		SSN (optional): XXX-XX-XXXX	
Address: 633 Knotty Pine Road, Aspsville, Mock State A, 20001		Telephone Number: 123-456-7890	
Type of Care Requested: <input checked="" type="checkbox"/> Foster Family Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> Child Care Institution <input type="checkbox"/> Other:		<input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Institutional care – Adjudicated Delinquent <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Relative (Not Parent) Relationship: Maternal Aunt	<input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non-IV-E Subsidy To Be Finalized in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State
Current Legal Status of Child: <input checked="" type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent/Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only		<input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated – Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other:	
SECTION III – SERVICES REQUESTED			
Initial Report Requested: <input type="checkbox"/> Parent Home Study <input checked="" type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input checked="" type="checkbox"/> Foster Care Home Study	Supervisory Services Requested: <input checked="" type="checkbox"/> Request Receiving State Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports Requested: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> 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: <input type="checkbox"/> Child's Social History <input checked="" type="checkbox"/> Court Order <input checked="" type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other: <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input checked="" type="checkbox"/> IV-E Eligibility Documentation			
Signature of Sending Agency or Person: <i>Brooke Tillman</i>		Date: 10/6/15	
Signature of Sending State Compact Administrator/Deputy: <i>Alexandra Kim</i>		Date: 10/6/15	

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: Jacksonville	County: Jacksonville	Date: 10/6/15
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Name of Child: Kerry Morgan	Name of Resource: Patricia Peppers	State: Mock State A
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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

- 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.
- 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.)
- The placement resource has agreed in writing to meet the financial needs of the child.
- This is a placement with a parent. The parent is financially responsible for the child.
- Child is SSI-eligible. Resource will be made payee for benefits.
- Adoption subsidy is planned, and the amount will be determined prior to the date of placement.

MEDICAL PLAN (check only one)

Description of how the child's medical coverage needs will be met 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.
- This is a placement with a parent. The parent is financially 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 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

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

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 same child for each separate resource being studied.

DCFS District Office: Jacksonville	County: Jacksonville	Date: 10/6/2015
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Name of Child: Layla Morgan	Name of Resource: Patricia Peppers	State: Mock State A
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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

- 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.
- 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.)
- The placement resource has agreed in writing to meet the financial needs of the child.
- This is a placement with a parent. The parent is financially responsible for the child.
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- This is a placement with a parent. The parent is financially responsible for meeting the medical needs of the child.
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Supervisor's Signature: *Robin White*

Case Worker's Name (Print): Brooke Tillman

Supervisor's Name (Print): Robin White

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

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 same child for each separate resource being studied.

DCFS District Office: Jacksonville	County: Jacksonville	Date: 10/6/2015
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Name of Child: Jessica Morgan	Name of Resource: Patricia Peppers	State: Mock State A
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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

<input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.) <input type="checkbox"/> The placement resource has agreed in writing to meet the financial needs of the child. <input type="checkbox"/> This is a placement with a parent. The parent is financially responsible for the child. <input type="checkbox"/> Child is SSI-eligible. Resource will be made payee for benefits. <input type="checkbox"/> Adoption subsidy is planned, and the amount will be determined prior to the date of placement.
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MEDICAL PLAN (check only one)

Description of how the child's medical coverage needs will be met in the receiving state

<input checked="" type="checkbox"/> 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. <input type="checkbox"/> The child will be eligible for Medicaid in the receiving state under the TANF Child-Only Grant. <input type="checkbox"/> 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. <input type="checkbox"/> Child is Medicaid eligible as a recipient of SSI. <input type="checkbox"/> This is a placement with a parent. The parent is financially responsible for meeting the medical needs of the child. <input type="checkbox"/> The placement resource has agreed in writing to provide for and meet the medical needs of the child. <input type="checkbox"/> Adoption subsidy is planned, and the amount will be determined prior to the date of placement.
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Case Worker's Name (Print): Brooke Tillman

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

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Attachments: Yes N