DPHHS-CFS-019E
(Revised 9/12)

State of Montana
Department of Public Health and Human Services
INTERSTATE COMPACT FINANCIAL/MEDICAL PLAN

Child's Name: _____ Date of Birth: _____ CAPS ID: _____

If approved the child will be placed with ☐ parent, ☐ relative, ☐ foster parent,☐ adoptive parent, ☐group home, or ☐residential treatment facility.

IV-E ELIGIBILITY (Complete section below)
The child listed above ☐is ☐ is not Title IV-E foster care eligible.
The child's eligibility for the Title IV-E foster care subsidy program was:
☐approved ☐denied ☐pending ☐suspended, effective _____
Determined by: _____
Date verified: _____

FINANCIAL PLAN
The proposed placement resource is: (Check all that apply)

☐ a. Financially willing and able to support this child.
☐ b. Willing to become licensed and receive foster care payments from Montana at the rate of $_____ per day.
☐ c. A relative and expected to apply for TANF for the child in the receiving state.
☐ d. Eligible to receive ☐ Title IV-E or ☐ non-Title IV-E adoption assistance payments from Montana for the child.
☐ e. Eligible to apply as payee for the child's SSI or Social Security benefits.
☐ f. Funded by Montana Medicaid.
☐ g. Funded by the sending person (child's parent or guardian).

If the proposed placement resource is ineligible to receive TANF for the child in the receiving state or becomes unable to financially provide for this child's needs, the financial plan will be revised. Montana Department of Public Health and Human Services will assume financial responsibility for the return of the child to Montana.

MEDICAL PLAN (Check all that apply)

☐ a. The child is Title IV-E or SSI eligible, will be placed in a licensed foster or group home which will receive a Title IV-E payment, and is eligible to receive a medical card from the receiving state.
☐ b. The child is not Title IV-E eligible and will be placed in a licensed foster or group home. If the child is not eligible for a medical card in the receiving state, Montana will provide a Medicaid card or reimbursement for the child's medical expenses.
☐ c. The child will be placed with a relative in an unpaid placement and should be eligible for a medical card in the receiving state under the TANF program. If the child is not eligible for a medical card, Montana will provide a Medicaid card or reimbursement for the child's medical expenses.
☐ d. The child will be placed in a residential treatment facility. Montana will provide a Medicaid card or the sending agency or person will provide reimbursement for the child's medical expenses.
☐ e. The placement resource in the receiving state is able to provide medical coverage for the child.
☐ f. The child will be placed in an approved adoptive home and a medical card will be requested through the ICAMA program.

Verified by: _____

Date: _____

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