KANSAS INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
FINANCIAL/MEDICAL PLAN

Receiving State:

NAME OF CHILD		DOB	
Child is Title IV-E Eligible ❑Yes ❑ No		Child is SSI eligible ❑ Yes ❑ No	
		Effective Date of SSI Eligibility	

(print name)

_____ _____ (_____)_____
Title IV-E and/or SSI eligibility verified by PPS Eligibility Specialist Office Phone number

_____ _____
PPS Eligibility Specialist ***(signature)*** Date

A.FINANCIAL PLAN ***(Case Manager will complete only one placement type in this section, consistent with the PPS 9130 (ICPC 100A)***

The form 100A is requesting a RELATIVE home study. ***(check all that apply)***
_____ Placement Resource is financially able and willing to support this child.
_____ Child is Title IV-E eligible. Receiving state will arrange for financial assistance based upon eligibility.
_____ Child is eligible for SSI and resource may request to become payee for benefits. Social Security Administration determines the payee.
_____ Child is **not** Title IV-E eligible. Resource may apply for Temporary Assistance for Needy Families (TANF). If receiving state is not reciprocal, Kansas remains financially responsible.

The form 100A is requesting a FOSTER CARE home study. Resource is: ***(check all that apply)***
_____ Entitled to receive foster care payments from Kansas when licensed or certified in receiving state. Kansas would pay the receiving state rate.
_____ Entitled to child's SSI benefits. Resource may request to become payee when child is placed. Social Security Administration determines the payee.
_____ Relative wants/needs foster care payment, or the receiving state requires licensing.

The form 100A is requesting a PARENT home study. The parent is expected to: ***(check all that apply)***
_____ Support this child.
_____ Apply for welfare assistance in the receiving state if unable to support this child.

The form 100A is requesting an ADOPTIVE home study. Placement resource is: ***(check all that apply)***
_____ Expected to support child.
_____ May be entitled to an adoption assistance payment, which will be determined before child is placed.
_____ Expected to apply for assistance in the receiving state, if they are unable to support child.

B. MEDICAL PLAN ***(check all that apply)***
_____ Child is Title IV-E eligible and eligible under COBRA to receive medical card in receiving state. Some states require licensure of the Resource for the child to receive a foster care medical card. Refer questions regarding specific states to the Kansas ICPC Specialist.
_____ Child is eligible for medical card in the receiving state under TANF child-only grant/benefits.
_____ Child is not Title IV-E eligible and resides in substitute care. If Resource is unable to receive medical coverage in the receiving state, Kansas shall issue a Kansas medical card. If Resource receives a medical card from the receiving state, Kansas will terminate the Kansas medical card when the receiving state medical card begins.
_____ Child is Medicaid eligible as a recipient of SSI.
_____ Placement Resource agrees to meet the medical needs of the child without financial assistance from Kansas.
_____ Placement is with **parent** and he/she is financially responsible for meeting the medical needs of this child.
_____ Child is eligible to receive a medical card through ICAMA once adoption assistance is in place

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Kansas remains responsible for the financial and medical needs of a child who is under Kansas jurisdiction and in the custody of the Secretary of Kansas DCF. In the event of a placement disruption, Kansas is financially responsible for the return of the child as long as Kansas retains jurisdiction. **I HEREBY VERIFY THAT THIS PLAN AND ALL AVAILABLE OPTIONS HAVE BEEN DISCUSSED WITH AND AGREED TO BY THE PROSPECTIVE CARE GIVER(S)**

(print name)

_____	_____	_____
Child Welfare Case Manager	Office	Date

_____
Child Welfare Case Manager ***(signature)***

Kansas
Department for Children and Families
Prevention and Protection Services
Strong Families Make a Strong Kansas