

NEW YORK STATE  
OFFICE OF CHILDREN & FAMILY SERVICES  
**FINANCIAL & MEDICAL PLAN**

(For children in the custody of the Commissioner of LDSS or in the jurisdiction of the Court)

CASE WORKER:	CASE UNIT WORKER NUMBER:	DISTRICT OFFICE:
DATE:		

**NAME OF CHILD(REN) INVOLVED:**


**FINANCIAL PLAN (Check only one)**

<input type="checkbox"/>	We will provide foster board payment.
<input type="checkbox"/>	The placement resource will procure aid for dependent children (ADC) on behalf of the child(ren).
<input type="checkbox"/>	Placement resource agreed or will agree to use own resources in supporting the child(ren).
<input type="checkbox"/>	This is a return to parent under trial discharge. Parent is financially responsible for the child(ren).

**MEDICAL PLAN (Check only one):**

<input type="checkbox"/>	The receiving state will arrange for Medicaid coverage based on the provisions of the federal COBRA legislation (Title IV-E).
<input type="checkbox"/>	Child(ren) are not IV-E eligible. The New York agency will provide reimbursement of the child(ren)'s medical expenditures incurred with prior approval.
<input type="checkbox"/>	The placement resource will provide for the means to meet the medical needs of the child(ren).
<input type="checkbox"/>	This is a return to parent under trial discharge. Parent will provide medically for the child(ren).

**After hours and weekend emergency authorization to give medical treatment to the child(ren) can be obtained by a physician or a hospital by calling (       )       -       .**

**The New York sending agency remains ultimately responsible for the support of the child(ren), and will retain jurisdiction over the child(ren) as mandated by New York Law (Article 5 - NY/SSL 374-a). It shall continue to have financial responsibility for the support and maintenance of the child(ren) during the period of placement. In the event of justifiable need to return the child(ren) to New York, the sending agency will pay the transportation cost, and expects the full cooperation of the receiving state to accomplish this. This plan will be in effect following the placement of the child(ren), and until proper legal discharge, consistent with the provisions of the Interstate Compact on the Placement of Children.**

WORKER SIGNATURE:	SUPERVISOR SIGNATURE:
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# INSTRUCTIONS

## FINANCIAL & MEDICAL PLAN FORM

### Purpose:

**To establish the financial and medical plan for children in contemplation of an out-of-state placement.**

### Specific Instructions:

**In the first section** print in the name of the district office that is putting forth the plan. In the case of OCFS districts with only one office, simply write the name of the district. In no case can a private agency certify this agency financially responsible for the child(ren). There are some districts that have more than one possible office which is servicing as the sending agency. In the case of New York City, write in the particular Administration for Children's Services Office which is initiating the placement request.

**The second section** asks you to write the Case Worker's Name and Case Unit Worker Number, which helps to identify who is working with this case. It also asks the Date the form is filled out. (Please print legibly).

**The third section** asks you to Print the names of the children involved in the case.

**The Financial and Medical Plan** is established by making a check mark or an "X" beside only one of the four options provided for each plan area.

**Note** that the plans must be consistent with each other regarding support of the child's placement with out-of-state resources.

**Lastly**, the **Worker** and the **Supervisor sign the form** and enclose 3 copies with the interstate application package.

**As always, if you have any questions feel free to contact the NYS OCFS Interstate Compact Office in Rensselaer, NY.**