ICPC FINANCIAL/MEDICAL PLAN

Kentucky Cabinet for Health and Family Services

,		J	(9/06)
Child's Name: DOB:	N	TWIST ca Male	se#: Female
The child listed is Title IV-E eligible	Yes	☐ No	
The child is SSI eligible ************************************	Yes	□ No *******	*******
FINANCIA Parent will meet child's financial and n assistance benefits they may be eligible		with their ov	=
Caregiver / facility resource is capable of their own resources or with public assis	_	-	•
Kentucky may pay a foster care per dier certified as a foster home resource.	n once the pla	acement resor	urce is approved/licensed or
Kentucky may pay an adoption subsidy an adoptive home resource.	once the reso	ource is appro	oved/licensed or certified as
Other:			
**************************************	L PLAN (che s with their o	eck one) own resource	
Child is Title IV-E eligible and und equivalent from the receiving state.	der C.O.B.R.	A. entitled t	o receive Medicaid or its
Child is not Title IV-E eligible and will will provide a medical card and/or rei resource is unable to secure medical cov	imburse the c	hild's medic	al expenses incurred if the
☐ The resource is capable of and willing to	o provide med	lical coverage	e for the child.
Other:			
********** Kentucky is ultimately responsible financial responsibility for the return of t Should the placement resource not be eligible needs the financial and/or medical plan will **********************************	cially and methe child to keep to the child to keep to the for TANF	********* edically for Kentucky sho and/or be ab	**************************************
Caseworker signature:			
Deputy Compact Administrator:		Date:	
**********	*****	******	********