



**INDIANA INTERSTATE COMPACT  
ON THE PLACEMENT OF CHILDREN  
FINANCIAL/MEDICAL PLAN -  
If Child Is Placed Out-of-State**  
State Form 49597 (R5 / 5-16)

MaGIK identification number
Receiving state
Placement date, if known (month, day, year)

Name of child	
The child listed is Title IVE-FC eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last redetermination date (month, day, year)
The child listed is Title IVE-AAP eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective date (month, day, year)
The child listed above is SSI eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Entitlement date (month, day, year)
The child listed above is RSDI eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Entitlement date (month, day, year)

**FINANCIAL PLAN** (Complete either section 1 or section 2)

1. The child will be placed with  licensed substitute caregiver(s), or  relatives outside the State of Indiana.

This resource is: (check all that apply)

- a. Financially able and willing to support this child.
- b. Entitled to receive / is receiving foster care payments from Indiana.  
Indiana will pay for foster care at the receiving state's current per diem rate.
- c. Planning to apply for a relative caregiver TANF grant for the child in the receiving state.

2. The child will be placed with  parent(s),  adoptive parent(s), or  guardian outside the State of Indiana.

This resource is: (check all that apply)

- a. Expected to support this child.
- b. Expected to apply for a TANF grant in the receiving state if they are unable to support the child.
- c. May be entitled to receive adoption assistance payments from Indiana for the child.

If the placement resource is ineligible to receive a TANF grant for the child in the receiving state, or becomes unable to financially provide for this child's needs, the placement plan will be revised. The Indiana local sending agency is ultimately financially responsible for the child, and will assume financial responsibility for the return of the child to Indiana in the event of a disruption. Indiana will be financially responsible for the child until both states agree to dismiss wardship.

**MEDICAL PLAN** (check all that apply)

- 1. The child is Title IV-E eligible and under C.O.B.R.A., eligible to receive Medicaid or its equivalent from the receiving state.  
(See the Child Welfare Manual for the legal basis for these programs.)
- 2. The child is not Title IV-E eligible and will reside in substitute care or with a relative. Indiana will issue a medical card if the resource is unable to receive medical coverage for the child in the receiving state.
- 3. The placement resource in the receiving state is willing to provide medical coverage for this child.
- 4. The placement resource is expected to apply for medical coverage for the child in the receiving state.

**I HEREBY VERIFY THAT THIS PLAN AND ALL AVAILABLE OPTIONS HAVE BEEN THOROUGHLY DISCUSSED WITH AND AGREED TO BY THE PROSPECTIVE CAREGIVER(S).**

Comments:

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Signature of the local Department of Child Services (DCS) office director or designee	Date (month, day, year)
Local DCS office	Telephone number ( )