

Child's Name	Date of Birth	Iowa Medicaid State ID #	Today's Date
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Legal Status

Child is in custody/guardianship of:	Phone
Address	

COMPLETE ONLY ONE SECTION BELOW

Foster Care Placement (check appropriate boxes)

Financial Plan Iowa will provide:

Foster care payment

Court-ordered services payment

Medicaid payment

Medical Plan (Contact IV-E IM worker to obtain child's IV-E eligibility status.)

IV-E eligible (Receiving state will provide Medicaid coverage under Title IV-E provisions.)

Not IV-E eligible (Iowa will provide Medicaid* coverage or reimbursement for medical expenses incurred with prior approval. See note below regarding Medicaid providers.)

Other (explain):

Adoptive Placement (check appropriate boxes)

Financial Plan

Adoptive parent will provide financially and medically for the child. Do not complete medical plan.

Iowa will provide adoption assistance payment/future needs agreement. Complete medical plan.

Medical Plan (Contact IV-E IM worker to obtain child's IV-E eligibility status.)

IV-E eligible (Receiving state will provide Medicaid coverage under Title IV-E provisions.)

Not IV-E eligible (Iowa will provide Medicaid* coverage or reimbursement for medical expenses incurred with prior approval.)

Other (explain):

Relative/Non-Foster Care Placement (check appropriate boxes)

Placement resource may apply for assistance and Medicaid in receiving state.

Other (explain):

Parent Placement (check appropriate boxes)

Parent will provide financially and medically for the child.

Other (explain):

Emergency (complete)

After hours and weekend emergency authorization to give medical treatment to the child can be obtained by a physician or hospital by calling:

Contact Person (if known)	Phone
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The Iowa Department of Human Services/Juvenile Court Services remains ultimately responsible for the support of the child and will retain jurisdiction over the child as mandated by the ICPC (Article 5). It shall continue to have financial responsibility for the support and maintenance of the child during the period of placement. In the event of justifiable need to return the child, the Department/JCS will pay the transportation cost and expects the full cooperation of the receiving state to accomplish this return. This plan will be in effect until proper legal discharge, consistent with the provisions of the Interstate Compact on the Placement of Children.

Signature of Referring Worker	Phone
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* **Important:** Medical vendors in receiving state must accept Iowa Medicaid or be willing to become an Iowa Medicaid vendor for Medicaid covered services to be paid. Vendors may contact IME Provider Services at 1-800-338-7909 or <http://www.ime.state.ia.us/>