

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
FINANCIAL-MEDICAL PLAN
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

This form is for use by New York (NY) local department of social services (LDSS) and voluntary authorized agency (VA) caseworkers when submitting a request for an ICPC home study/placement under ICPC Regulations 1, 2, or 7. Caseworker or supervisor must complete ALL fields, sign, and date the form. If you have questions, contact NY ICPC at ocfs.sm.NYSICPC@ocfs.ny.gov or 518-474-9406.

If all children in the sibling group to be placed have the same placement type, Title IV-E Eligibility, and SSI status, you may use one form per case. (If there are any differences between the siblings in terms of placement type, Title IV-E Eligibility, or SSI status, you must use a separate **OCFS-5050c** form for each child.)

Part 1: IDENTIFYING INFORMATION			
NY Sending Agency:			
Name of Child to be Placed	DOB	Name of Child to be Placed	DOB
	/ /		/ /
	/ /		/ /
	/ /		/ /

RESOURCE NAME:	RESOURCE ADDRESS:
Resource Relationship to Child(ren):	<input type="checkbox"/> Non-Relative <input type="checkbox"/> Parent(s)/Step-parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Adult Aunt/Uncle <input type="checkbox"/> Adult Sibling <input type="checkbox"/> Other:
Type of placement sought:	<input type="checkbox"/> Parent <input type="checkbox"/> Relative (<i>unlicensed</i>)– not permissible in all states, check with NY ICPC office <input type="checkbox"/> Foster Care – Relative <input type="checkbox"/> Foster Care – Non-Relative <input type="checkbox"/> Adoptive

Child is/Children are Title IV-E Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending • Attach <i>Title IV-E Certification Form OCFS-5050b</i> Please note: <i>Child(ren) will only be eligible for Title IV-E Medicaid in the receiving state if they are placed in a licensed, paid foster, or pre-adoptive home.</i>
Child/Children receive(s) SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No

Part 2: FINANCIAL AND MEDICAL PLAN	
<i>Please locate the placement type selected in Part 1 and make one selection only.</i>	
Parent Placement	<input type="checkbox"/> Parent is expected to provide for this child financially and medically.
Relative Placement (Unlicensed)	<input type="checkbox"/> Relative is willing and able to provide for this child financially and medically, without support from NY Sending Agency. Relative may apply for financial and/or medical benefits for the child in their state of residence, but receipt of any benefits will be based on eligibility requirements in that state.
Foster Care Placement	<input type="checkbox"/> Child is Title IV-E Eligible. NY Sending Agency will provide foster board payments and child will be eligible for Medicaid (MA) in the receiving state. <i>Sending Agency must work with Receiving Agency to verify transfer of Title IV-E MA to the receiving state at time of placement.</i> <input type="checkbox"/> Child is <u>NOT</u> Title IV-E Eligible and is <u>NOT</u> an SSI recipient. NY Sending Agency will provide foster board payments. Sending Agency is responsible for all medical expenses. Prior to placement, Sending Agency must arrange with placement resource a specific plan for medical care (e.g. <i>Sending Agency will purchase private insurance; resource will pay out-of-pocket and await reimbursement from Sending Agency</i>). Receiving State may require a specified medical plan before approving placement. <input type="checkbox"/> Child is <u>NOT</u> Title IV-E Eligible but <u>IS</u> an SSI recipient. NY Sending Agency will provide foster board payments. Child <u>will be</u> eligible for Medicaid in the receiving state. <input type="checkbox"/> Other (explain):

<p>Upgrade from Foster Care to Adoptive Placement Child is currently in an ICPC foster placement, and this request is to upgrade the current placement from foster to adoption.</p>	<p><i>Please identify the appropriate financial/medical plan to support the child prior to finalization.</i></p> <p><input type="checkbox"/> Child is Title IV-E Eligible and adoption subsidy is planned. NY Sending Agency will continue foster board payments through finalization, and child remains eligible for Medicaid (MA) in the receiving state.</p> <p><input type="checkbox"/> Child is <u>NOT</u> Title IV-E Eligible and adoption subsidy is planned. NY Sending Agency will continue foster board payments through finalization. Sending Agency is responsible for all medical expenses through finalization.</p> <p>Has Adoption Subsidy Agreement been executed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, child may be eligible for MA under ICAMA, prior to finalization. See 10-OCFS-ADM-11.</p> <p><input type="checkbox"/> Child is <u>NOT</u> Title IV-E Eligible but <u>IS</u> an SSI recipient and adoption subsidy is planned. NY Sending Agency will continue foster board payments, and child remains eligible for MA in the receiving state.</p> <p><input type="checkbox"/> Other (<i>explain</i>):</p>
<p>Adoptive Placement Only For requests for "straight" adoption where home is not a licensed foster home; includes upgrades to adoption from unlicensed relative placements.</p>	<p>What is the plan for financial support and medical coverage for the child upon approved placement? (See 19-OCFS-ADM-11, <i>Payment of Adoption Subsidies to Certain Approved Adoptive Parent(s) Prior to Finalization of the Adoption</i>)</p>

EMERGENCY:	
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 (NY/SSL 374-a). It shall continue to have financial responsibility for the support and maintenance of the child(ren) during the period of ICPC 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.

Date this plan was reviewed with placement resource:	/ /
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Form Completed by:	
NAME:	
AGENCY:	TITLE:
SIGNATURE:	DATE: / /