

# FINANCIAL/MEDICAL PLAN

CHILD'S NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

The child listed above is Title IV-E FC eligible:            Yes                             No

The child listed above is SSI eligible:                            Yes                             No

## Financial Plan:

1.     **The child will be placed in substitute care or with relatives outside the State of Nevada.  
This resource is (check all that apply):**

- \_\_\_\_\_ a. Financially able and willing to support this child.
- \_\_\_\_\_ b. Entitled to receive foster care payments from Nevada.
- \_\_\_\_\_ c. Planning to apply for a relative caretaker grant for the child in the receiving state.

2.     **The child will be placed with his/her parent(s) outside of the State of Nevada.  
This placement resource is (check all that apply):**

- \_\_\_\_\_ a. Expected to support this child.
- \_\_\_\_\_ b. Expected to apply for welfare assistance in the receiving state if they are unable to support the child.

**If the placement resource is ineligible to receive welfare assistance for the child in the receiving State, or becomes unable to financially provide for this child's needs, the placement plan will be revised. Nevada Division of Child & Family Services will assume financial responsibility for the return of the child to Nevada.**

## Medical Plan (Check all that apply)

- \_\_\_\_\_ a. The child is eligible to receive a medical card from the receiving State.
- \_\_\_\_\_ b. The child is not Title IV-E eligible and will reside in substitute care or with a relative. Nevada will issue a medical card if the resource is unable to receive medical coverage for the child in the receiving State.
- \_\_\_\_\_ c. The placement resource in the receiving State is willing to provide medical coverage for the child.
- \_\_\_\_\_ d. The placement resource is expected to apply for medical coverage for the child in the receiving State.

Verified by Social Worker: \_\_\_\_\_

Date: \_\_\_\_\_

County: \_\_\_\_\_