



Interstate Compact on the Placement of Children Request

One form per child

TO:

FROM:

SECTION I – IDENTIFYING DATA

Notice is given of intent to place – Name of Child:		Ethnicity - Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Determine/Unknown	
Social Security Number:		ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White
Sex:	Date of Birth:	Title IV-E Determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Name of Mother		Name of Father:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			

SECTION II – PLACEMENT INFORMATION

Name of Person(s) or Facility Child is to be placed with:		Soc Sec # (Optional): _____
		Soc Sec # (Optional): _____
Address:		Phone:
Type of Care Requested:		
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Parent
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI,	<input type="checkbox"/> Relative (Not Parent)
<input type="checkbox"/> Child-Caring Institution	<input type="checkbox"/> Adjudicated Delinquent	<input type="checkbox"/> Relationship:
		<input type="checkbox"/> Other:
<input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy To Be Finalized in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State		
Current Legal Status:		
<input type="checkbox"/> Sending Agency Custody/Guardianship	<input type="checkbox"/> Protective Supervision	
<input type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption	
<input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Unaccompanied Refugee Minor	
	<input type="checkbox"/> Other:	

SECTION III – SERVICES REQUESTED

Initial Report Requested (if applicable)	Supervisory Services Requested	Supervisory Reports Requested
<input type="checkbox"/> Parent Home Study	<input type="checkbox"/> Request Receiving State to Arrange Supervision	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Relative Home Study	<input type="checkbox"/> Another Agency Agreed to Supervise	<input type="checkbox"/> Semi-Annually
<input type="checkbox"/> Adoptive Home Study	<input type="checkbox"/> Sending Agency to Supervise	<input type="checkbox"/> Upon Request
<input type="checkbox"/> Foster Home Study		<input type="checkbox"/> Other:
Name and Address of Supervising Agency in Receiving State:		
Enclosed: <input type="checkbox"/> Child's Social History	<input type="checkbox"/> Court Order	<input type="checkbox"/> Financial/Medical Plan
<input type="checkbox"/> Home Study of Placement Resources	<input type="checkbox"/> ICWA Enclosure	<input type="checkbox"/> Other Enclosures
<input type="checkbox"/> IV-E Eligibility Document		
Signature of Sending Agency or Person:		Date:
Signature of Sending State Compact Administrator Deputy or Alternate:		Date:

SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III (d) OF ICPC

<input type="checkbox"/> Placement may be made.	<input type="checkbox"/> Placement shall not be made.
REMARKS:	
Signature of Receiving State Compact Administrator, Deputy, or Alternate:	
Date:	

- Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and copy to sending Compact Administrator, DCA, or alternate within 30 days:
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.