

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

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	Title IV-E Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Sex:	Gender:	Date of Birth:	
Name of Parent 1:		Name of Parent 2:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			Email Address (optional):
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			Email Address (optional):

SECTION II PLACEMENT INFORMATION	
<b>Types of Care Requested:</b> <input type="checkbox"/> Public Placement <input type="checkbox"/> Private Placement Subsidy: <input type="checkbox"/> IV-E <input type="checkbox"/> Non IV-E <input type="checkbox"/> Pending <input type="checkbox"/> None <input type="checkbox"/> Adoptive Home: Finalizing in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State <input type="checkbox"/> Pending <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> Child-Caring Institution <input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Parent <input type="checkbox"/> Institutional Care—Article VI Adjudicated Delinquent <input type="checkbox"/> Relative (Not Parent) Relationship: _____ <input type="checkbox"/> Other: _____	<b>Current Legal Status of Child:</b> <input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated—Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other: _____
Name of Person(s) or Facility Child is to be placed with:	
Address:	
Soc. Sec # (optional): Soc. Sec # (optional):	
Phone:	
If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside.	
*Name(s) of Prospective Adoptive or Foster Resource:	
Soc. Sec # (optional): Soc. Sec # (optional):	
Address:	
Phone:	

SECTION III SERVICES REQUESTED		
<b>Initial Report Requested (if applicable):</b> <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study <input type="checkbox"/> Parent Study <input type="checkbox"/> Relative Home Study	<b>Supervisory Services Requested:</b> <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise <input type="checkbox"/> Other: _____	<b>Supervisory Reports Requested:</b> <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
Name and Address of Supervising Agency in Receiving State:		
<b>Enclosed:</b> <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Documentation		
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: DISTRIBUTION: See 100A Instructions	Date:

## **INSTRUCTIONS FOR COMPLETING FORM ICPC-100A INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST**

Form ICPC-100A is the sending agency's formal written notice to the receiving state of its intention to make an interstate placement and a request for a finding as to whether the placement would or would not be contrary to the interests of the child. With most placements, it is also a formal request for a home study. Following review by the receiving state, it is the official notification that the proposed placement may or may not be made. A favorable finding means that the placement can be made in conformity with the Compact. An unfavorable finding means that the placement would be unlawful. The actual making of the placement brings into operation a number of rights and obligations set forth in the Compact, primarily those contained in Article V, Retention of Jurisdiction.

Form ICPC-100A must accompany all requests for placement to which the Compact is applicable and it should be favorably acted upon by the receiving state before any Compact placement is made.

### **SPECIFIC INSTRUCTIONS**

In the first two blocks, enter the name and state of the ICPC Administrator to whom the form is being forwarded (TO) and the name and state of the ICPC Administrator whose state is submitting the reported information (FROM). If the sending or receiving state is a decentralized state (i.e., CA, OH, or CO), please provide the county agency as applicable.

### **Section I: IDENTIFYING DATA**

Fill out one form per child to be placed. Enter the full legal name, Social Security Number, ICWA (Indian Child Welfare Act) eligibility,\* Title IV-E eligible, sex, (defined as the anatomy of the child), gender (defined as what the child identifies such as male, female, transgender, etc.) date of birth, and ethnic group of the child for whom this placement is proposed. If the child is known by a nickname, place it in parenthesis beside the legal name.

Enter the names of the legal parents. In most instances, the legal parents will be the birth parents. In cases where an adoption has been finalized, the adoptive parents will be the legal parents. If the parent(s) is deceased, enter "deceased" after the parent's name. If parental rights have been voluntarily relinquished or terminated by the court, indicate it in parenthesis beside the name; if you prefer in that instance to withhold the name, simply enter the status of the parent's rights.

Enter the complete name, address, telephone number, and email addresses of the agency or person who is responsible for planning for the child and who is financially responsible for the child. In most instances, these two items will be the same (the sending agency). \*Email addresses are optional.

\* An "Indian Child" (e.g., American Indian or Alaska Native) means any unmarried person who is under age eighteen and is either (a) a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe.

## **Section II: PLACEMENT INFORMATION**

**Types of Care Requested:** Place an X in the appropriate boxes:

**Public**—Public placement means a placement processed via a public child welfare agency where the state or local agency, or the court has authority to make the placement.

**Private**—Private placement means a placement made by a parent or a private or independent agency or representative not acting as an agent of the state (e.g., private adoption) or, in the case of a private residential treatment placement, where a parent or guardian is making the placement (e.g., private Residential Treatment Facility (RTF)/Residential Treatment Center (RTC) placement, etc.).

**Subsidy:** Mark one for public foster care or adoption to denote IV-E federal, Non-IV-E state or local, or None for no financial support. Select Pending if not yet determined.

**Adoptive Home:** Refers to both agency and private/independent adoptive placement prior to finalization of an adoption; this may refer to an initial placement with a family where adoption is the intention, or it may refer to the movement of an adoptive family from State A to State B following placement. If this is a request for private or independent adoption, you are required also to complete the fields for the names, address, social security numbers, and telephone numbers for the prospective adoptive resource. Indicate if it is a federally funded adoption subsidy (IV-E) or a state- or local-funded subsidy (Non IV-E), pending (if not yet determined), or none; mark in which state the adoption is to be finalized (sending or receiving) or pending if not yet determined.

**Finalizing in:** Mark one to indicate the state in which the adoption will be finalized if known, otherwise mark Pending.

**Foster Family Home:** A foster family home is a facility providing care and guidance for a child or children not related to the caretaker for regular 24-hour care, or a certified kinship care home. A family foster home may not operate without a license or a certificate as required by the laws of the receiving State.

**Group Home Care:** A resource which is licensed or approved as a group home and which provides substitute care for a fee; usually a modified family-type setting which serves more children than a foster home but fewer than an institution.

**Child-Caring Institution:** A group care facility which is licensed or approved to provide custodial care to a larger number of children than a foster home or group home.

**Residential Treatment Center:** A group care facility which provides a specific treatment program outside the realm of a medical hospital, psychiatric hospital, or institution for the mentally retarded or mentally ill (e.g., a residential program for the treatment of alcohol/drug abuse). The receiving state is not obligated to supervise this type of placement made by the sending state.

**Parent(s):** A biological, adoptive parent, or legal guardian as determined by applicable state law and who is responsible for the care, custody, and control of a child or upon whom there is legal duty for such care.

**Institutional Care (Article VI), Adjudicated Delinquent:** A group care facility for adjudicated delinquent whose proposed placement is according to Article VI of the ICPC. These facilities may include group homes and residential treatment centers and may serve non-delinquents as well.

**Relative (not parent):** Specify relationship, such as a birth or adoptive brother, sister, stepparent, stepbrother, stepsister, uncle, aunt, first cousin, niece, nephew, as well as relatives of half-blood or marriage and those denoted by the prefixes of grand and great, including grandparent or great grandparent, or as defined in state statute for the purpose of foster and or adoptive placements.

**Other:** Specify a type of care not already listed; e.g., **Non-relative Free Home** (an unrelated family which does not require foster home licensure in the receiving state and does not need or want foster care payments); **Independent Living Arrangement** (an older teenager who is still under the jurisdiction of an agency or court but is capable of independent living without the supervision of a foster home or group home); **Maternity Home;** or **Extended Foster Care** (defined as youth aged 18–21 years old).

**Name of Persons or Facility the Child is to be Placed with:**

\* Required: Provide the name, address, and telephone number of the Agency, facility, or individual(s) where the child will be placed.

**Name(s) of Prospective Adoptive or Foster Resource:** If placement is with an agency (e.g., adoption, foster care, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside. Provide the name, address, social security number, and telephone number of the individual(s) with whom the child will be residing, if it differs from the section immediately above (Name of Person(s) or Facility Child is to be placed with).

**Current Legal Status of Child:** Place an X in the appropriate box.

**Sending Agency Custody/Guardianship:** The child is in the full legal custody or guardianship (depending on the terminology of the state) of a public agency. For example: a public agency may be social services, youth corrections, probation/parole, or a tribe. The sending agency may also be a licensed private child placement agency, an adoption agency, or a birthmother if allowed by state law.

**Parent/Relative Custody/Guardianship:** The child is not under the jurisdiction of either an agency or the court but is the full legal responsibility of parent or relative.

**Court Jurisdiction Only:** The sending court has an open abuse, neglect, or dependency case that establishes court jurisdiction with the authority to supervise and/or remove and place the child for whom the court has not taken guardianship or legal custody. For further reference, see Regulation 3, paragraph C under section 2. \*Note: Domestic cases are not ICPC.

**Protective Supervision:** A legal status created by court order under which the child is permitted to remain in the child's home or is placed with a relative or other suitable person and the court, the department of human services or another agency designated by the court provides supervision and assistance.

**Parental Rights Terminated-Right to Place for Adoption:** The sending agency has accepted a voluntary relinquishment of parent rights and/or has completed court action terminating parental rights and now holds complete jurisdiction over the child with the right to place for adoption.

**Unaccompanied Refugee Minor:** This form is not used to report the initial placement into the United States but to request placement and services in a second state after a U.S. agency or court has been granted full legal responsibility (custody/guardianship). Mark this block only if that is the case; also mark the Sending Agency Custody/Guardianship block. If this is an Unaccompanied Refugee Minor whose status warrants the ICPC-100A's specific to those children (not the legal responsibility of a U.S. agency or court), do not use this form.

**Other:** Legal status is not otherwise listed (e.g., legal action, such as a petition for custody/guardianship or to terminate parental rights, is pending; the child is the responsibility of the sending agency under a Voluntary Agreement with the parent or legally responsible relative and no court action has been taken or is pending to alter that family member's legal rights over the child).

### **Section III: SERVICES REQUESTED**

**Initial Report Requested:** If the proposed placement is not for a group care placement and a current home study has not yet been received, mark the box for the appropriate type of home study needed based of the type of care indicated in Section II.

**Supervisory Services Requested:** Place an X in one of the following boxes to indicate how Supervisory Services are to be conducted:

**Request Receiving State to Arrange Supervision:** Mark this box if the sending agency cannot supervise and does not have a contractual or other agreement with a pre-determined agency to provide these services. It is usually the public social service agency which will be asked to provide supervision following an approved home study and subsequent placement.

**Another Agency Agreed to Supervise:** Mark this box if the sending agency already has received the formal agreement of a pre-determined supervisory agency; most likely to be marked in agency adoptive placements where an agency in the receiving state already has provided an adoptive home study and will be providing ongoing services to the adoptive family. Do not mark this item simply because you know which county office of the public agency will receive this referral and might even have discussed the case over the telephone; that does not constitute an agreement to supervise.

**Sending Agency to Supervise:** Mark this box if it is logistically feasible, it is the best-case plan, and the receiving state has granted the sending agency permission (which may or may not include licensure) to provide services in its state.

**Other:** Mark this box if requesting supervision for Extended Foster Care youth (defined as youth aged 18–21 years).

**Supervisory Reports Requested:** To be completed even though placement may not be a certainty at this time. Indicate how frequently you wish to receive progress reports; the standard timeframe is **Semi- Annually; Quarterly** (see Regulation 11, section 7); **Monthly**; or **Other** when you wish to receive reports in a timeframe not noted above.

**Name and Address of Supervising Agency in Receiving State:**

If you know the name and address of the supervising agency, type that information onto the line so indicated. If not known by the sending agency, that information should be completed by the receiving state's Compact Office following receipt of a recommendation indicating that placement may be made.

**Enclosed:**

Indicate which items are enclosed:

Child's Social History: Should accompany the majority of referrals; includes the pre-placement summary on adoption referrals and can be written with non-identifying information, if appropriate and preferred.

Home Study of Placement Resource: Attach a current home study if one is not being requested; most likely to be marked if you already have an approved home study or the child is re-locating with a placement resource) and the home study is enclosed (e.g., private adoptions, foster care, parent placements).

Court Order: All applicable court documents should be enclosed; e.g., custody/guardianship orders, surrenders, orders terminating parental rights, and orders requesting a home study for the court.

ICWA Enclosure: Obtain a letter from the child's Tribe showing that the child is a member or is eligible for membership.

Financial/Medical Plan: Attach the plan of how the proposed placement will be funded and how the child/children's medical needs will be covered.

IV-E Eligibility Documentation: Attach a copy of the determination of IV-E eligibility.

Other Enclosures: Indicates other pertinent materials, such as psychological evaluations, permanency plan, medical reports and school reports, birth certificates, and social security cards. It is not necessary to itemize them on the form.

**Signature of Sending Agency or Person:**

The form ICPC-100A should be signed and dated by anyone outside of the Compact Office who is completing the form as the sending agency. This includes a person with authority in the county social services agency, private agency, or court and any private individual or family member who is legally responsible for the child (as indicated in Section I and Section II, Legal Status, above).

The form ICPC-100A must be signed and dated by the Compact Administrator, Deputy, or alternate in the sending state, if the regulations of the sending state provide for transmittal of the form ICPC-100A through the sending State's Compact Office. This is almost always the case.

#### **Section IV: ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III (d) of ICPC**

This section is completed by the Compact Administrator, Deputy, or alternate in the receiving state. The designated person reviews the proposed placement and all required information and indicates whether the placement can or cannot lawfully be made. Remarks might include conditions or reservations to be noted, provisional approval, or that an affirmative notice under Article III (d) is being given retroactively. The Compact Administrator, Deputy, or alternate then signs and dates the form.

#### **DISTRIBUTION:**

Complete six (6) copies and distribute as follows (unless the form is submitted electronically or through NEICE):

- Sending Agency retains a (1) copy and forwards the completed 100A original plus four (4) copies to:
- Sending State Compact Administrator (CA), Deputy Compact Administrator (DCA), or alternate, who retains a (1) copy and forwards the completed 100A original plus three (3) copies to:
- Receiving State Compact Administrator, Deputy Compact Administrator, or alternate, who indicates action (Section IV) retains a copy, and forwards a (1) copy to the receiving state/local agency; and the completed 100A original and one (1) copy to the sending state CA, DCA, or alternate within 30 days.
- Sending State Compact Administrator, Deputy Compact Administrator, or alternate retains a (1) completed copy and forwards the completed original to the sending agency.

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN  
REPORT ON CHILD'S PLACEMENT STATUS**

TO:	FROM:		
<b>SECTION I—IDENTIFYING INFORMATION</b>			
Child's Name:	Birthdate:		
Parent #1's Name:	Parent #2's Name:		
Name of Resource:			
Address:			
Type of Care:			
<b>SECTION II—PLACEMENT STATUS</b>			
<input type="checkbox"/> Initial Placement of Child in Receiving State	Date Child Placed in Receiving State:		
<input type="checkbox"/> Placement Change	Effective Date of Change:		
<b>SECTION III—COMPACT PLACEMENT TERMINATION</b>			
<input type="checkbox"/> Adoption Finalized	<input type="checkbox"/> In Sending State	<input type="checkbox"/> In Receiving State	<input type="checkbox"/> Court Order Attached
<input type="checkbox"/> Child Reached Majority/Legally Emancipated			
<input type="checkbox"/> Legal Custody Returned to Parent(s) Name:	<input type="checkbox"/> Court Order Attached		
<input type="checkbox"/> Legal Custody Given to Relative Name:	<input type="checkbox"/> Court Order Attached		Relationship:
<input type="checkbox"/> Legal Custody Given to Other (specify) _____ Name:	<input type="checkbox"/> Court Order Attached		Relationship:
<input type="checkbox"/> Treatment Completed			
<input type="checkbox"/> Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State			
<input type="checkbox"/> Unilateral Termination			
<input type="checkbox"/> Child Returned to Sending State			
<input type="checkbox"/> Child Has Moved to Another State			
<input type="checkbox"/> Proposed Placement Request Withdrawn			
<input type="checkbox"/> Approved Resource Will Not Be Used for Placement			
<input type="checkbox"/> Other (Specify):			
<b><u>Date of Termination:</u></b>			
<b>SECTION IV—SIGNATURES</b>			
Person/Agency Supplying Information:			Date:
Compact Administrator, Deputy, or Alternate:			Date:



## **INSTRUCTIONS FOR COMPLETING FORM ICPC-100B INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS**

Form ICPC-100B is used to (1) confirm that an approved placement in accordance with the Compact has been made, (2) withdraw a request prior to the home study, (3) indicate that an approved resource will not be used, (4) report a change in the placement resource and/or type of care, (5) report a change of address, and (6) close an ICPC case.

It is an extremely useful tool for both the Compact offices and local agency staff in maintaining a current knowledge of the child's movement into, out of, and if pertinent, within the receiving state. It is also a very important mechanism for notifying another state when a placement under the Compact has been terminated, and thus, providing formal confirmation of case closure.

### **IF YOU OPEN A CASE, YOU MUST CLOSE A CASE.**

While it is the responsibility of the sending state to complete the forms ICPC-100B, the receiving state may complete the form ICPC-100B if they become aware of a placement change or reason for termination.

### **SPECIFIC INSTRUCTIONS**

Complete one form per child or per sibling if the action applies to siblings at the same time. In the first two blocks, enter the name and state of the ICPC Administrator to whom the form is being forwarded (TO) and the name and state of the ICPC Administrator whose state is submitting the reported information (FROM). If the sending or receiving state is a decentralized state (i.e., CA, OH or CO), please also provide the county agency as applicable.

#### **Section I: IDENTIFYING INFORMATION**

Enter the full legal name and birthdate of the child for whom this placement information is being reported.

Enter the names of the legal parents as on the form ICPC-100A. Enter the name of the resource, their address, and type of care. For Type of Care, enter the same information that is marked for that item on form ICPC-100A: Foster Family Care, Adoption, etc.; with relative placements, specify the relationship.

#### **Section II: PLACEMENT STATUS**

To confirm the Initial Placement, mark the appropriate box and the exact date the child was placed in the receiving state. For Type of Care, enter the same information that is marked for that item on form ICPC-100A: Foster Family Care, Adoption, etc.; with relative placements, specify the relationship.

If some aspect of the placement changes while the child remains in the receiving state, a subsequent form ICPC 100-B must be completed. Mark the Placement Change box and indicate the exact effective date of the change. If the child moves from one placement resource to another, provide the updated placement information. For example, if a child leaves his/her parents' home and is placed in a residential treatment center, fill in the facility's name and address and indicate the new Type of Care.

Subsequent forms ICPC-100B will list the new Placement Resource under IDENTIFYING INFORMATION. Any additional moves to place the child within the receiving state will be reflected in this same manner. If only the Name (e.g., mother re-marries) or Address (original placement resource moves) changes, mark and complete only those items which are applicable.

A form ICPC-100B must be completed when there is a change of purpose in an existing placement, e.g., from foster care to adoption. A form ICPC-100A may be required at the request of the receiving state.

### **Section III: COMPACT TERMINATION**

**Adoption Finalized:** If an ICPC adoptive placement has been finalized (consummated), mark that box and the appropriate box for the state in which finalization occurred, Sending or Receiving. Attach the final adoption decree to the form ICPC-100B.

**Child Reached Majority/Legally Emancipated:** Mark this box if the child has reached majority age and has simultaneously ceased to be the responsibility of the sending agency, or if the child has become emancipated through such legal action as marriage or court decision.

**Legal Custody Returned to Parent(s):** This box should be marked when the child's legal custody/guardianship is returned to the parent with the concurrence of the receiving state. Attach the court order transferring custody to the parent(s) to the form ICPC-100B.

**Legal Custody Given to Relative:** This box should be marked when the child's legal custody and/or guardianship is awarded to relatives (other than parents) with the concurrence of the receiving state. Attach the court order transferring custody to the relative to the form ICPC-100B.

**Legal Custody Given to Other:** This box should be marked when the child's legal custody and/or guardianship is other (other than parents or relatives) with the concurrence of the receiving state. Please specify the name and the relationship to the child. Attach the court order transferring custody to the other to the form ICPC-100B.

**Treatment Completed:** Mark this item when the placement resource has been providing a specific treatment-oriented service, that service has been completed, and the child is, therefore, being discharged from the facility (e.g., Residential Treatment Center). This box may also be checked if the child/youth was placed through Article VI of the Compact.

**Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State:** This item is marked when the jurisdiction of the sending state has ended for some reason other than the transfer of custody to parents or relatives with the concurrence of the receiving state's supervising agency and/or court. For example, if formal legal custody/guardianship is not going to be addressed

but both states agree that supervision is no longer required or if both states agree to transfer jurisdiction to the receiving state. If the sending state's jurisdiction is terminated without the concurrence of the receiving state (including custody/guardianship transfer), the decision was made unilaterally, and that box should be marked.

**Unilateral Termination:** This box is marked when the interstate agreement has been terminated unilaterally, whether by the sending or receiving state. A unilateral termination is one in which one state terminates the interstate placement agreement without the concurrence of the receiving state.

**Child Returned to Sending State:** Mark this box when the child returns to the state he/she was placed from. This may be due to a disruption in placement.

**Child Moved to Another State:** Mark this box when the child moves to a state other than the sending state.

**Proposed Placement Request Withdrawn:** If you have submitted a form ICPC-100A to request placement approval and have decided not to explore that resource further, mark this box, list the Name of the Proposed Placement Resource, and date of your decision to terminate the Compact. This box should be marked only when no action has yet been taken on form ICPC-100A. If you are withdrawing more than one request, submit a separate form ICPC-100B on each and list each respective Placement Resource.

**Approved Resource Will Not Be Used for Placement:** This box should be marked when you have received an approved form ICPC-100A but have decided not to place the child with that resource. List the name of the Approved Placement and date of your decision to terminate the Compact.

**Other Reason:** Please mark and specify if the reason for Compact Termination is not listed above; for example, the entire family moved to another state (new address should be indicated under Placement Change), the death of a child, the child ran away and his/her whereabouts are unknown.

**Date of Termination:** Indicate the exact date of the activity which terminated the Compact Agreement.

#### **Section IV: SIGNATURES**

If a private individual or local agency is completing the form, please have a designated person sign, under Person/Agency/Supplying Information, identify his/her agency, and date the signature.

The second block should be signed and dated by the Compact Administrator, Deputy, or Alternate.

#### **DISTRIBUTION:**

Complete four (4) copies and distribute as follows (unless the form is submitted electronically or through NEICE):

Sending Agency retains a (1) copy and forwards completed original plus three (3) copies to:

Sending State Compact Administrator (CA), Deputy Compact Administrator (DCA), or alternate retains one (1) copy and forwards two (2) copies to:

Receiving State Compact Administrator, Deputy Compact Administrator, or alternate retains one (1) copy and forwards one (1) copy to the receiving agency.

**INSTRUCTIONS FOR USE OF FORM**  
**Interstate Compact on the Placement of Children (ICPC)**  
**Sending Agency's Case Manager Signed Statement**  
**ICPC Regulation No. 2**

**PURPOSE:** Per Regulation No. 2, Section 5(d) of the ICPC, a signed statement from the sending agency case manager is required. The statement ensures the local agency has been in contact with the potential placement and has confirmed s/he is interested in being a resource for the child and is willing to cooperate with the ICPC process. The form, once completed, is submitted with the ICPC-100A, along with other ICPC referral materials.

1. **Date of Contact:** Enter the date or dates when the assigned Social/Case Worker had direct communication with the proposed placement resource. *Example: MM/DD/YY*
2. **Name of Child(ren) to be Placed/DOB:** Identify the child or children involved in the referral by full name (as noted on the child's birth certificate), and date of birth (as listed on the child's birth certificate).
3. **Name/Address/Telephone of the Proposed Resource:** Provide the name(s) of the proposed resource(s) in this referral, and his/her date(s) of birth. Provide the physical and mailing address(es) and any contact telephone numbers. Optional: SSN.
4. **Verification of Information Provided Above and on the ICPC 100A:** Verified as accurate. *Example: Check Yes or No*
5. **The Proposed Placement Resource Confirms:**
  - a) Is interested in being a placement for the child/children and is willing to cooperate with the ICPC process. *Example: Check Yes or No*
  - b) Acknowledges preliminary discussion regarding medical/financial support available to feed, clothe and care for the child/children if placed as well as provision of child care and school tuition if applicable. *Example: Check Yes or No*.
  - c) Acknowledges discussion regarding potential public and private resources available for such as documented on the ICPC Medical/Financial Plan. *Example: Check Yes or No*
  - d) States the number and type of rooms in the residence:
    - Total number of rooms: *Example: 5*
    - Number of bedrooms: *Example: 2*
    - Number of bathrooms: *Example: 1.5*
  - e) Confirms and identifies the number of people, including children, who are currently residing in the home by name and characteristics. If none, type "*No other residents in the home*"
  - f) Acknowledges that a criminal records and child abuse history check will be completed on any person residing in the home as required to be screened under the law of the receiving state and that to the best of his/her knowledge, no one residing in the home has a criminal history or child abuse history that would prohibit the placement. *Example: Check Yes or No*
6. **Signatures:** Signature/date of Social/Case Service Worker and Supervisor (if required); include Title, Address Telephone and E-mail Address.

**Association of Administrators of  
The Interstate Compact on the Placement of Children  
Sending Agency's Case Manager Signed Statement  
ICPC Regulation No. 2**

*To be submitted by Case/Social Worker with other required ICPC materials*

1. Pursuant to the requirement of Regulation No. 2, Section 5(d) of the Interstate Compact on the Placement of Children (ICPC), the following information regarding the proposed placement resource for the identified child(ren) is certified as true based on my direct communication with the proposed placement resource on \_\_\_\_\_ (date of contact).

2. Name(s) of Child(ren) to be Placed	Date(s) of Birth	Name(s) of Child(ren) to be Placed	Date(s) of Birth
_____	_____	_____	_____
_____	_____	_____	_____

3. Name(s) of Proposed Resource	Date(s) of Birth	Social Security Number(s) (optional)
_____	_____	_____
_____	_____	_____

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone numbers: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

4. The proposed placement resource confirms the information provided above is true; name, address, available telephone number or other contact information.  Yes  No

5. The proposed placement resource:

a. Is interested in being a placement for the child(ren) and is willing to cooperate with the ICPC process.  Yes  No

b. Acknowledges preliminary discussion regarding medical/financial support available to feed, clothes and care for the child(ren) if placed as well as provision of child care and school tuition if applicable.  Yes  No

c. Acknowledges discussion regarding potential public and private resources available for such as documented on the ICPC Medical/Financial Plan.  Yes  No

d. State the number of bedrooms in the residence: \_\_\_\_\_

e. Confirms and identifies the number of adults and children who are currently residing in the home by name, date of birth and social security number:

Name(s) of Others in the Home	Date(s) of Birth (optional)	Social Security Number(s) (optional)
_____	_____	_____
_____	_____	_____

f. Acknowledges that a criminal records and child abuse history check will be completed on any person residing in the home as required to be screened under the law of the receiving state and that to the best of his/her knowledge, no one residing in the home has a criminal history of child abuse history that would prohibit the placement.  Yes  No

6. As certified by my signature, I am unaware of any fact that would summarily prohibit initiating the referral for the proposed placement of the above child(ren) with the identified resource at this time. All required referral documentation has been completed and is ready to be submitted to the Sending Agency Compact Office for processing.

Worker's Name/Title: \_\_\_\_\_  
*(please type or print)*

(\_\_\_\_) \_\_\_\_\_  
*(telephone number)*

Worker's Signature: \_\_\_\_\_

\_\_\_\_\_  
*(date)*

Email Address: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_  
*(if required, please type or print)*

(\_\_\_\_) \_\_\_\_\_  
*(telephone number)*

Supervisor's Signature: \_\_\_\_\_  
*(if required)*

\_\_\_\_\_  
*(date)*

# NC Interstate Compact

## Order of Compliance

IN THE \_\_\_\_\_ COURT OF THE STATE OF \_\_\_\_\_

IN RE: CHILD'S NAME DOB

### REGULATION 7 FORM ORDER FOR EXPEDITED PLACEMENT DECISION PURSUANT TO THE ICPC

**THIS CAUSE** came on to be heard on \_\_\_\_\_ before the court on the motion/petition of \_\_\_\_\_ (party making request) seeking the entry of this order for compliance with Regulation 7 of the Interstate Compact on the Placement of Children (ICPC); and the court, hearing evidence and/or the parties being in agreement, does find as follows:

A. The name and date of birth of each child noted below on this date is as follows:

\_\_\_\_\_ (Name of child, date of birth)  
\_\_\_\_\_ (Name of child, date of birth)  
\_\_\_\_\_ (Name of child, date of birth)

B. This court has jurisdiction over each child noted pursuant to Articles II, III and V(a) of the ICPC to invoke the Compact for the purpose of requesting one or more home study assessments and expedited placement decisions on potential resource families living in one or more receiving states.

C. Pursuant to Article III(d) of the Compact, this court may only place, or authorize the department/agency to place, each child above in an approved placement in a receiving state, including a provisional placement as authorized by Regulation 7 of the ICPC, after receipt of written notification from the receiving state that the proposed placement does not appear to be contrary to the interests of the child.

D. If any child above is placed pursuant to paragraph C above, this court will retain Article V(a) jurisdiction over that child sufficient to determine all matters in relation to the custody, supervision, care and disposition of him/her, which it would have if the child had remained in this state; and this court will not terminate jurisdiction over said child or terminate the supervisory responsibility of the department/agency having custody of the child during the period of placement in the receiving state until the child is adopted, reaches the age of majority, becomes self-supporting, or is discharged with concurrence of the appropriate authority in the receiving state.

E. This court expressly finds that its jurisdiction over said child includes the power to effect or cause the return of the child to this state or its transfer to another location or custodian pursuant to law within five (5) business days of receipt of written notification from the receiving state Compact Administrator that placement authorization will not be approved or that previous placement approval has been withdrawn by the receiving state, and that the sending state has and will continue to have financial responsibility for support and maintenance of the child during the period of placement in the receiving state.

Further, this court order provides sufficient authority and direction for the sending agency to immediately return said child(ren) within five (5) working days of receipt of written notification from the receiving state Compact Administrator that placement authorization

# NC Interstate Compact

## Order of Compliance

will not be approved, or that previous placement approval has been withdrawn by the receiving state for reasons determined by the receiving state.

F. If any child noted above is sent, or allowed to go, to a provisional placement in a receiving state, this court finds that any such placement must be in compliance with Regulation 7 of the ICPC of which this court takes judicial notice, including its purpose in defining and regulating a provisional placement under the Compact.

**AND THE COURT** having heard testimony and argument of counsel and any unrepresented parties and reviewed documents as permitted by law and Regulation 7 of the ICPC, the undersigned makes the following findings of fact by

- ( ) clear and convincing evidence
- ( ) a preponderance of the evidence

that paragraphs 5, 6, and 7 of Regulation 7 of the ICPC apply regarding each child noted above:

G. \_\_\_\_\_ (relative's name) is the proposed placement resource in the receiving state of \_\_\_\_\_ and is the

- a. \_\_\_\_ Mother d. \_\_\_\_ Grandparent
- b. \_\_\_\_ Father e. \_\_\_\_ Adult brother or sister
- c. \_\_\_\_ Stepparent f. \_\_\_\_ Adult uncle or aunt
- g. \_\_\_\_ Guardian

of \_\_\_\_\_ (child noted above); and

H. Each child noted above is under the jurisdiction of the court as a result of action taken by a child welfare agency.

I. The child \_\_\_\_\_ referenced in A. meet(s) one or more of the following requirements pursuant to paragraph 5 of Regulation 7:

1. The court has the authority to determine custody and placement of each child or has delegated said authority to the child welfare agency, and each child is being considered for placement in another state with a parent, stepparent, grandparent, adult brother or sister, or adult aunt or uncle, or guardian of the child named in A, and the child in A above meets the following criteria:

- a. ( ) **unexpected dependency** due to sudden or recent incarceration, incapacitation or death of a parent or guardian; incapacitation means a parent or guardian is unable to care for a child due to an unexpected medical, mental or physical condition of a parent or guardian, or
- b. ( ) at least one of the children sought to be placed is four **years of age or younger**, including older siblings sought to be placed with the same proposed placement resource; or
- c. ( ) the court finds that \_\_\_\_\_ (child's name), is one of the **children in a sibling group sought to be placed and has a substantial relationship** with the proposed placement resource; substantial relationship means the proposed placement has spent more than cursory time with the child, is known to the child, and has established more than a minimal bond with the child; or



# NC Interstate Compact

## *Order of Compliance*

d. ( ) the child(ren) is/are currently in an emergency placement.

J. The department/agency has provided the court with a signed statement(s) from the potential placement resource(s) or the assigned case manager in the sending state that following a conversation with the potential placement resource, the potential placement resource confirms/meets the minimum requirements as required under Paragraph 7a of Regulation 7.

K. The sending agency has completed and is prepared to send all required paperwork to the sending state ICPC office, including the statement from the prospective placement resource or the assigned case manager under Paragraph 7a of Regulation 7, ICPC 100A and ICPC Form 101.

### **IN CONSEQUENCE OF THE FOREGOING, IT IS, THEREFORE, ORDERED AND ADJUDGED AS FOLLOWS:**

1. This court, having jurisdiction over the above referenced child(ren), invokes the use of the Interstate Compact on the Placement of Children and authorizes and directs this state's department/agency having custody of the child(ren) to be the sending agency in this/these matter(s) and directs it to complete, execute, and file all necessary forms and carry out and effectuate all obligations and responsibilities as the sending agency under the Compact.

2. The department/agency shall seek the following:

a. ( ) Approval for a provisional placement of each child noted above in the receiving state pending a more comprehensive home assessment of the potential placement resource by the receiving state and an expedited placement decision regarding final placement of the child(ren), or

b. ( ) A comprehensive home assessment of the potential placement resource in the receiving state and an expedited placement decision without a provisional placement of the subject child(ren), or

c. ( ) Approval for a provisional placement with a parent from whom the child was not removed and concurrence to relinquish jurisdiction upon final approval.

3. The transmission of any documentation or request for information in this case/these cases or decisions made shall be sent by overnight mail, FAX or as an attachment to an e-mail if approved by receiving state or such other equally expedient method as may in the future become available.

4. The court designates the clerk of court to send copies of this and other orders needed to comply with Regulation 7 of the ICPC to the sending department/agency within two (2) business days of the entry of this and other orders entered in this case:

a. name \_\_\_\_\_

b. mailing address \_\_\_\_\_

c. e-mail address \_\_\_\_\_

d. telephone number \_\_\_\_\_

e. FAX number \_\_\_\_\_ -

# NC Interstate Compact

## *Order of Compliance*

5. The person designated to receive communication regarding the progress of the ICPC process in this/these matter(s) is:

a. name \_\_\_\_\_

b. mailing address \_\_\_\_\_

c. e-mail address \_\_\_\_\_

d. telephone number \_\_\_\_\_

e. FAX number \_\_\_\_\_

6. The sending department/agency shall transmit, within three (3) business days of receipt of this signed order, a completed Form 100A and 101 (Request for Placement), and if not already sent, all required documentation for compliance with Regulation 7 and any supporting documentation pursuant to ICPC Article III, to the sending state Compact Administrator.

7. Within a time not to exceed two (2) business days after receipt of a complete Regulation 7 request, the sending state Compact Administrator shall transmit the complete request for the assessment and for any provisional placement to the receiving state Compact Administrator. The request shall include a copy of this Order of Compliance. In the event the sending state Compact Administrator finds that the ICPC documentation received is substantially insufficient, he or she shall specify to the sending agency what additional information is needed and request such information from the sending agency.

8. When a provisional placement sought by the sending state is approved by the receiving state for the subject child(ren), the receiving state Compact Administrator shall immediately notify the sending state Compact Administrator of that fact in writing through expedited means. Said person designated shall then seek an early hearing by this court to determine if said placement is in the best interests of the child(ren).

The person designated to receive communication in Paragraph 4 above shall maintain contact with the sending state's Compact Administrator to assist this court in determining the status of the ICPC process and shall report in writing to the court, the parties, and their counsel regarding said status no later than 7 days prior to any scheduled court hearing and provide any updates closer to the hearing date as may come to his/her attention. The sending state's Compact Administrator shall cooperate with and work with the above designated person and provide him/her with information and assistance regarding the progress of the ICPC process for the cases of the subject child(ren).

9. This case/these cases is/are continued to \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. for further hearing on the status of the ICPC process to which the parties present and their counsel are recognized to appear.

ENTERED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Judge/Judicial Officer

Relative/Foster Care

Adoption

North Carolina Division of Health and Human Services  
Division of Social Services  
Interstate Compact on the Placement of Children

Financial – Medical Plan

Complete one form for each child. Complete one additional form for the same child for each separate resource being studied.

Name of Child	Name of Resource	Receiving State
---------------	------------------	-----------------

County/DSS	Date
------------	------

**FINANCIAL PLAN (check only one)**

Description of how the child's shelter, food, clothing and related maintenance needs will be met in the receiving state.

<input type="checkbox"/> DSS will provide foster care payment at the sending state foster care rate once the placement resource is licensed or certified as a foster parent by the receiving state. Monthly rate: _____ <input type="checkbox"/> The relative resource will apply for TANF Child-Only Grant in the receiving state on behalf of the child. NOTE: TANF Child-Only Grants are not available in all states. <input type="checkbox"/> The placement resource has agreed in writing to meet the financial needs of the child. Copy of written and signed agreement <b>must</b> be attached. <input type="checkbox"/> This is a placement with a parent. The parent is financially responsible for the child. <input type="checkbox"/> Child is SSI eligible. Current Payee _____ <input type="checkbox"/> Adoption subsidy is planned, and the amount will be determined <input type="checkbox"/> Other financial resources, ie., child support, death benefit
--

**MEDICAL PLAN (check only one)**

Description of how the child's medical coverage will be met in the receiving state.

<input type="checkbox"/> The child is IV-E eligible. Effective Date _____ <input type="checkbox"/> The child will be eligible for Medicaid in the receiving state under the TANF Child-Only Grant if available. <input type="checkbox"/> The child is not Title IV-E eligible. The DSS is financially responsible and will provide reimbursement for the child's medical expenditures or make other arrangements. <input type="checkbox"/> The child is Medicaid eligible as a recipient of SSI. <input type="checkbox"/> The placement resource has agreed in writing to provide for and meet the medical needs of the child. Copy of the written and signed agreement <b>must</b> be attached. <input type="checkbox"/> This is a placement with a parent. The parent is financially responsible for meeting the medical needs of the child. <input type="checkbox"/> Other (please specify) _____
--

**THIRD PARTY HEALTH INSURANCE INFORMATION**

Child <input type="checkbox"/> has <input type="checkbox"/> does not have third party health insurance coverage. List sources of medical coverage or benefits. <input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> VA <input type="checkbox"/> Champus <input type="checkbox"/> Other Private Insurance (specify) _____ Policy Number _____
---

When a child is placed in another state, the custodial DSS remains ultimately responsible for the financial and medical needs of the child and must retain jurisdiction over the child. This financial/medical plan will remain in effect following the placement of the child, and until receipt of written termination from the receiving state in accordance with NCGS 7B-3800, Article V.

Caseworker Signature: _____	Supervisor's Signature: _____
--------------------------------	----------------------------------

Caseworker's Name (Print): _____	Supervisor's Name (Print): _____
-------------------------------------	-------------------------------------

Phone Number (including area code): \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Attachments:  Yes  No

Placement approval on the 100A documents implied approval of this case financial plan as submitted.

**INSTRUCTIONS FOR USE OF FORM**  
**Interstate Compact on the Placement of Children (ICPC)**  
**Sending Agency's Regulation No. 7**  
**Expedited Placement Decision Home Study Request and**  
**Statement of Interest/Case Manager Signed Statement**

**PURPOSE:** The purpose of the combined form ICPC-101 – Sending Agency's Regulation No. 7 Expedited Placement Decision Home Study Request and Statement of Interest/Case Manager Signed Statement is to alert the receiving state that the court that has jurisdiction over the child(ren) has determined that a priority placement of a child from one state into another state is necessary, and to meet the requirements as set forth in Regulation No, 7, Section 7 of the ICPC.

Preparation of the form, together with compilation of other ICPC referral materials, is to be completed within three (3) business days of receipt of a court order that indicates the court has made a determination that Expedited Placement circumstances exist.

1. **Date of Contact:** Enter the date or dates when the assigned Social/Case Worker had direct communication with the proposed placement resource. Example: MM/DD/YY.
2. **Child's Information:** Identify the child involved in the referral by full name (as noted on the child's birth certificate) and date of birth (as listed on the child's birth certificate). Select the child's ethnicity from the drop down. Enter the name of the mother of the child as found on the child's birth certificate. Enter the name of the father of the child as follows: enter the name of the mother's husband if married at the time of birth or conception of the child; if not married, the name of the father on the child's birth certificate or as reflected in a judgment of paternity entered by a court. If there is no husband, father listed on the birth certificate, or judicially determined father, list the name of the alleged father, if known, and specify "alleged". If the child's birth father is unknown, enter "unknown".
3. **Proposed Placement Resource:** This section relates to the person who will be providing care for the child(ren) if placement occurs. Due to the time constraints for completing the home study, it is essential that all identifying information about the **proposed placement resource** be included in the request for expedited home study. Complete all fields, using the drop-down menu where available. (Name, date of birth, relationship to child(ren), social security number, marital status, if living with someone, their name, address, telephone numbers, best time of day to contact resource, employer, may be contacted at place of employment, alternate contact name and address, and relationship of alternate contact to the proposed resource.)
4. **Proposed Placement Resource:**
  - a. Fits the definition of parent, stepparent, grandparent, adult brother or sister, adult aunt or uncle, or his/her guardian under Article VIII(a) of the ICPC.
  - b. Is interested in being a placement for the child/children and is willing to cooperate with the ICPC process. *Example:* Check Yes or No
  - c. Acknowledges preliminary discussion regarding medical/financial support available to feed, clothe and care for the child/children if placed as well as provision of child care and school tuition if applicable. *Example:* Check Yes or No.
  - d. Acknowledges discussion regarding potential public and private resources available for such as documented on the ICPC Medical/Financial Plan. *Example:* Check Yes or No
  - e. States the number of bedrooms in the residence. *Example:* 3
  - f. Confirms and identifies the number of people, including children, who are currently residing in the home by name and characteristics. If none, type "*No other residents in the home*"
  - g. Acknowledges that a criminal records and child abuse history check will be completed on any person residing in the home as required to be screened under the law of the receiving state and that to the best of his/her knowledge, no one residing in the home has a criminal history or child abuse history that would prohibit the placement. *Example:* Check Yes or No
  - h. Resource signature (optional).
5. **Concurrence to Relinquish Jurisdiction:** If applicable, Check Yes or No
6. **Assessment of Child(ren):** Complete a separate assessment section for each child to be placed. This section relates to the child(ren) who will be placed with the proposed caretaker if placement is recommended and approved. It is essential that sufficient information be provided to the receiving state worker so that an adequate assessment can be completed that will take into account the needs of the child(ren) as well as the capacity of the proposed caretaker to provide appropriately for the child(ren).

- a. **Case Plan Attached:** Select yes or no. If a case plan has been completed, it must be attached to the referral.
  - b. **Financial/Medical Plan Attached:** Select yes or no.
  - c. **Special Needs:** Enter a description of all special needs that require attention if the child is to be successfully placed with the proposed caretaker. If this information is contained elsewhere in the referral packet, enter the location for the information. Special needs of the child include all medical, physical, emotional, behavioral, educational, and/or psychological areas of functioning.
  - d. **Service Needs/Treatment Requirements:** Enter all service needs and/or treatment requirements that must be addressed to achieve and maintain an acceptable placement of the child(ren) which the proposed caretaker. For each service need/treatment requirement listed, include the method by which payment for provision will be obtained, if such information is not included elsewhere in the referral i.e. case plan, financial/medical plan, etc.
  - e. **School Information:** If the child is not of school age, enter N/A. Otherwise, enter: name of school; grade last attended; report which includes most recent grades; if special classroom attendance is necessary due to child being learning disabled or behaviorally disabled; copies of child's Individualized Education Plan (IEP), if applicable; recommendations of most recent teacher/counselor/principal regarding educational needs of child; if child is not attending school, give reason(s) for non-attendance.
  - f. **Other Required Pertinent Information Regarding Child and Family Will Follow:** Select from yes/no drop down.
7. **Sign off/Signatures:** Signature/date of Social/Case Service Worker and Supervisor (if required); include Title, Address Telephone and E-mail Address.

**Association of Administrators of  
The Interstate Compact on the Placement of Children  
Sending Agency's Regulation No. 7  
Expedited Placement Decision Home Study Request and  
Statement of Interest/Case Manager Signed Statement**

*To be submitted by Case/Social Worker with other required ICPC materials*

1. Pursuant to the requirement of Regulation No. 7, Section 7 of the Interstate Compact on the Placement of Children (ICPC), the following information regarding the proposed placement resource for the identified child is certified as true based on my direct communication with the proposed placement resource on \_\_\_\_\_ (date of contact).

2. Name of Child(ren) to be Placed	Date of Birth	Age	Ethnicity	Name of Parent (indicate mother/father)
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____
f. _____	_____	_____	_____	_____
g. _____	_____	_____	_____	_____

**PROPOSED PLACEMENT RESOURCE**

3. Name of Proposed Resource \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Marital status \_\_\_\_\_ Living with: \_\_\_\_\_  
*(name of person if applicable)*

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone numbers: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Best time of day to contact resource: \_\_\_\_\_ May be contacted at place of employment:  Yes  No

Employer: \_\_\_\_\_  
*(if applicable)*

Alternate contact name and address: \_\_\_\_\_

Relationship to proposed resource: \_\_\_\_\_

4. The proposed placement resource:
- a. Fits the definition of parent, stepparent, grandparent, adult brother or sister, adult aunt or uncle, or his/her guardian under Article VIII(a) of the ICPC.
  - b. Is interested in being a placement for the child(ren) and is willing to cooperate with the ICPC process.  Yes  No
  - c. Acknowledges preliminary discussion regarding medical/financial support available to feed, clothe and care for the child(ren) if placed as well as provision of child care and school tuition if applicable.  Yes  No
  - d. Acknowledges discussion regarding potential public and private resources available for such as documented on the ICPC Medical/Financial Plan.  Yes  No
  - e. States the number of bedrooms in the residence is: \_\_\_\_\_
  - f. Confirms and identifies the number of adults and children who are currently residing in the home by name, date of birth and social security number:

Name(s) of Others In the Home	Date(s) of Birth	Social Security Number(s)
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. Acknowledges that a criminal records and child abuse history check will be completed on any person residing in the home as required to be screened under the law of the receiving state and that to the best of his/her knowledge, no one residing in the home has a criminal history or child abuse history that would prohibit the placement.  Yes  No

h. Resource Signature \_\_\_\_\_ (optional) \_\_\_\_\_ (date)

5. Concurrence to Relinquish Jurisdiction: Pursuant to ICPC Regulation No. 7, this referral includes a request for concurrence to relinquish jurisdiction as the placement sought is with a parent from whom the child was not removed as documents on the ICPC Regulation No. 7 Expedited Decision Court Order, and attached hereto.  Yes  No

6. **ASSESSMENT OF CHILD(REN)**

(Complete a separate assessment for each child to be placed)

a. Child Name: \_\_\_\_\_

Case plan attached?  Yes  No      Financial/Medical Plan Attached?  Yes  No

Special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service needs/treatment requirements:

\_\_\_\_\_  
\_\_\_\_\_

School information:

\_\_\_\_\_  
\_\_\_\_\_

Other required pertinent information regarding child and family will follow:  Yes  No

b. Child Name: \_\_\_\_\_

Case plan attached?  Yes  No      Financial/Medical Plan Attached?  Yes  No

Special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service needs/treatment requirements:

\_\_\_\_\_  
\_\_\_\_\_

School information:

\_\_\_\_\_  
\_\_\_\_\_

Other required pertinent information regarding child and family will follow:  Yes  No

c. Child Name: \_\_\_\_\_

Case plan attached?  Yes  No

Financial/Medical Plan Attached?  Yes  No

Special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service needs/treatment requirements:

\_\_\_\_\_  
\_\_\_\_\_

School information:

\_\_\_\_\_  
\_\_\_\_\_

Other required pertinent information regarding child and family will follow:  Yes  No

7. Worker's Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*(please type or print)* *(telephone number)*

Worker's Signature \_\_\_\_\_  
*(date)*

Email Address \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*(if required)* *(date)* *(telephone number)*



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# ICPC Supervision Report

## 90 day

Date of Report:    /    /

**Name of Child(ren):**

**Name of Caretaker(s):**

**Address of Placement:**

**Courtesy Caseworker :**  
**(Receiving State)**

**Phone Number:**    (    )    -

**Reporting Period:**

**Dates and locations of Face-to-Face Contact:**

---

**Discuss child(ren)'s current circumstances, addressing child(ren)'s safety in current placement and child(ren)'s well-being:**

---

**Child(ren)'s school performance, if applicable: *(Attach copies of report card, IEP, evaluations, if applicable.)***

---

**Child(ren)'s health & medical status, including dates of medical and dental appointments and names of service providers, if applicable: *(Attach records, evaluations, therapy reports if applicable)***

---

**Assessment current placement and caretakers, e.g., (physical condition of the home, caretaker's commitment to child, current status of caretaker and family, any changes in family, composition, health, financial situation, work, legal involvement, social relationships; child care arrangements):**

---

**Permanent plan status: What progress has been made toward a permanent goal? Has the goal changed? Are there any recommendations?**

---

**List any unmet needs, and recommendations to meet those needs: *(Sending State is responsible for case planning and for funding)***

---

**Recommendation:**

- Continue placement.
- Continue supervision.
- Terminate supervision.

---

**Receiving State concurs with:**

- Continue with current permanency goal.
- Return custody to parent, terminate jurisdiction.
- Establish guardianship.
- Finalize adoption.
- Other (specify):

**OFFICIAL INTERSTATE COMPACT OFFICE USE ONLY:**

---

- The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist concurs with this recommendation.
- The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist **does not** concur with this recommendation.

-----  
Name  
DSS-5332 (Eff. 12/2010) Child Welfare Services

/ /  
Date

---

# ICPC Supervision Report

## 30 day

Date of Report:    /    /

Name of Child(ren):

Name of Caretaker(s):

Address of Placement:

Courtesy Caseworker :  
(Receiving State)

Phone Number:    (    )    -

Reporting Period:

Dates and locations of Face-to-Face Contact:

---

**Briefly discuss child(ren)'s current circumstances, addressing child(ren)'s safety in current placement and child(ren)'s well-being:**

---

**List any unmet needs, and recommendations to meet those needs:** *(Sending State is responsible for case planning and for funding)*

---

**Recommendation:**

- Continue placement.
- Continue supervision.
- Terminate supervision.

---

**Receiving State concurs with:**

- Continue with current permanency goal.
- Return custody to parent, terminate jurisdiction.
- Establish guardianship.
- Other (specify):

---

**OFFICIAL INTERSTATE COMPACT OFFICE USE ONLY:**

- 
- The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist concurs with this recommendation.
  - The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist **does not** concur with this recommendation.

-----  
Name

DSS-5331 (Eff. 12/2010) Child Welfare Services

      /    /  
Date