

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 Alaskan Native <input type="checkbox"/> Asian	
Sex:	Gender:	Date of Birth:	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
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

Type of Care Requested: <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: _____		Current Legal Status of Child: <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:		SSN (optional):	
Address:		SSN (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

Initial Report Requested (if applicable): <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study <input type="checkbox"/> Parent Study <input type="checkbox"/> Relative Home Study	Supervisory Services Requested: <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: _____	Supervisory Reports Requested: <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:		
Enclosed: <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:	Date: