

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 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White | |
| Sex: | | 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

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|---|--|---|--|
| 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

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| 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

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| <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: |