

## SENDING STATE PRIORITY HOME STUDY REQUEST

To be submitted by Social Worker with other required ICPC materials.

Name of child <sup>1</sup> to be placed	Age	Mother's name
Ethnic group	DOB	Father's name
<b>PROPOSED CARETAKER</b>		
Name	Marital status	Living with (name of person)
Address		
Home telephone number	Work telephone number	Social Security number
Relationship to child identified above		
Best time of day to contact caretaker	Employer (if applicable)	
Alternate contact name and address		
<b>ASSESSMENT OF CHILD</b>		
Case plan attached: <input type="checkbox"/> Yes <input type="checkbox"/> No      Financial/medical plan attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special needs		
Handicaps: mental/physical		
Service needs/treatment requirements		
School information		
Other required pertinent information regarding child and family will follow: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Worker's name	Telephone number	
Worker's signature	Date	
Supervisor's signature (if required)	Date	Telephone number

<sup>1</sup> If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.