

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:

FROM:

SECTION I - IDENTIFYING DATA			
Notice is given of intent to place - Name of Child:		Hispanic Origin: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Cannot Determine	
Social Security Number: - -		ICWA Eligible <input type="radio"/> Yes <input type="radio"/> No	
Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth	Title IV-E determination <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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="radio"/> Foster Family Home <input type="radio"/> Residential Treatment Center <input type="radio"/> Relative (Not Parent) Relationship: <input type="radio"/> Group Home Care <input type="radio"/> Institutional Care-Article VI, Adjudicated Delinquent <input type="radio"/> Other <input type="radio"/> Child Caring Institution <input type="radio"/> Parent	
<input type="checkbox"/> ADOPTION <input type="radio"/> IV-E Subsidy <input type="radio"/> Non IV-E Subsidy To Be Finalized In: <input type="radio"/> Sending State <input type="radio"/> Receiving State	
Current Legal Status of Child: <input type="radio"/> Sending Agency Custody/Guardianship <input type="radio"/> Parental Rights Terminated-Right to Place for Adoption <input type="radio"/> Parent Relative Custody/Guardianship <input type="radio"/> Unaccompanied Refugee Minor <input type="radio"/> Court Jurisdiction Only <input type="radio"/> Other: <input type="radio"/> Protective Supervision	

SECTION III - SERVICES REQUESTED		
Initial Report Requested (if applicable): <input type="radio"/> Parent Home Study <input type="radio"/> Relative Home Study <input type="radio"/> Adoptive Home Study <input type="radio"/> Foster Home Study	Supervisory Services Requested: <input type="radio"/> Request Receiving State to Arrange Supervision <input type="radio"/> Another Agency Agreed to Supervise <input type="radio"/> Sending Agency to Supervise	Supervisory Reports Requested: <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Upon Request <input type="radio"/> Other:

Name and Address of Supervising Agency in Receiving State:

Enclosed: Child's Social History Court Order Financial/Medical Plan Other Enclosures
 Home Study of Placement Resource ICWA Enclosure 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="radio"/> Placement may be made <input type="radio"/> Placement shall not be made	
Remarks:	
Signature of Receiving State Compact Administrator, Deputy or Alternate:	Date:

DISTRIBUTION (Complete six (6) copies):

- 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 one (1) 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.