INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST FROM:

TO:

SECTION I DENTIFYING DATA							
Notice is given of intent to p	lace—Name of Child:		Ethnicity: Hispanic Origin:				
			Yes No	Unable to determine/unknown			
Social Security Number:	ICWA Eligible	Title IV-E Eligible	Race:				
	Yes No	Yes No Pending	American Indian or	Native Hawaiian/Other			
Sex:	Gender:	Date of Birth:	Alaska Native Asian	Pacific Islander Black or African American			
OGA.	Gerider.	Date of Bitti.	Asiaii	White			
Name of Parent 1:	1		Name of Parent 2:				
Name of Agency or Person	Phone:						
Address:	Email Address (optional):						
Name of Agency or Person	Phone:						
Address:	Email Address (optional):						
CECTION II. BLACEMENT INFORMATION							
SECTION II PLACEMENT INFORMATION							
Types of Care Requested: ☐ Public Placement	: ☐ Private Placement		Current Legal Status of C	Jniia:			
	on IV-E Pending [□ None	Sending Agency Cust	tody/Guardianshin			
Adoptive Home: Finaliz	ody/Guardianship						
☐ Foster Family Home	0 – 0	ate ☐ Receiving State ☐ Pendi	ng Parent Relative Custo Court Jurisdiction On	·			
Group Home Care	on						
☐ Child-Caring Institution	inated—Right to Place for Adoption						
☐ Residential Treatment 0	ugee Minor						
☐ Parent							
☐ Institutional Care—Article VI Adjudicated Delinquent							
Relative (Not Parent) Relationship:							
☐ Other:							
Name of Person(s) or Facility	Soc. Sec # (optional):						
Address:	Soc. Sec # (optional): Phone:						
	T Holle.						
If placement is with an ager identify the foster or adoptive	ncy (e.g., adoption, publi ve resource where the cl	c, etc.) other than a residential trea	tment facility (RTF), please				
*Name(s) of Prospective A	Soc. Sec # (optional):						
A.1.1	Soc. Sec # (optional):						
Address:	Phone:						
		SECTION III SERVICES	REQUESTED				
Initial Report Requested (if applicable):	Supervisory Services Reques	ted:	Supervisory Reports Requested:			
☐ Adoptive Home Study		☐ Request Receiving State t	o Arrange Supervision	☐ Semi-Annually			
☐ Foster Home Study		☐ Another Agency Agreed to	Quarterly				
☐ Parent Study		☐ Sending Agency to Superv	rise	☐ Monthly			
☐ Relative Home Study		☐ Other		Other:			
Name and Address of Supervising Agency in Receiving State:							
	Social History	☐ Court Order	☐ Financial/Medical	Plan			
☐ Home S	cumentation						
Signature of Sending Agend	Date:						
Signature of Sending State	Date:						
SECTION IV ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC							
☐ Placement may be made ☐ Placement shall not be made							
Remarks:							
Signature of Receiving State	Date						

DISTRIBUTION: See 100A Instructions