

**CABINET FOR HEALTH AND FAMILY SERVICES**

**COMMONWEALTH OF KENTUCKY**

DEPARTMENT FOR COMMUNITY BASED SERVICES

Local Address:

City: \_\_\_\_\_, KENTUCKY ZIP: \_\_\_\_\_

**ICPC COVER LETTER / STATEMENT OF FAMILY CASE MANAGER**

**To:** *Kentucky ICPC Office, Division of Protection & Permanency  
275 E. Main Street, Mail Stop 3E-D, Frankfort, Kentucky 40621*

**Cabinet has custody/commitment:**

\_\_\_\_\_ **yes** \_\_\_\_\_ **no** (if no refer to SOP 10.3) A Relative Interstate Home Study - Court Jurisdiction Only (CJO) Cases, before sending referral packets)

**\*\*\*INSTRUCTIONS:** One form to be completed by the worker after contacting the primary potential placement resource in the other state. Form is to be signed by the SSW and FSOS. After completing the form, if that worker wishes to send an ICPC referral based on the answers from the potential placement resource, the form is to be included in the packet. \*\*\*

Child' Name:  Male  Female  
Date of Birth: Race: SS#:

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**Name of placement resource:**

**Address:**

**City, State, Zip Code:**

**Telephone #'s:**

**Date of Birth:**

**Social Security #:**

**Relationship to the Child(ren):**

1. I, \_\_\_\_\_ (full legal name), certify that the following information is true:

2. I have communicated directly with the potential primary placement resource,

(name of person whom child is to be placed) and he/she is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.

3. The name, date of birth, social security #, and telephone number of all adults in the home is as follows:

Name	Date of Birth	SS#	Telephone #

4. The number of rooms in the proposed residence is sufficient to accommodate the child/children as follows:

Number of bedrooms:

Number of adults residing in home:

Number of children residing in home, including the child/children to be placed:

5. \_\_\_\_\_ (Name of potential placement resource) has or will access financial resources to feed, clothe and care for the child/children, including child care if needed.
6. \_\_\_\_\_ (Name of potential placement resource) acknowledges that a criminal records and child abuse history check will be completed on all persons residing in the home and to the best knowledge of the placement resource, no one residing in the home has a criminal or child abuse history that would prohibit the placement.
7. Provide a brief overview of the referral request (no more than 2-3 paragraphs):

**Printed Name of Social Worker:**

**Social Worker Signature:**

**Date:**

**Telephone #:**

**Email:**

**Printed Name of Supervisor:**

**Signature of Supervisor**

**Date:**

**Telephone #:** \_\_\_\_\_

**Email:**