

## **ICPC Referral Packet Checklist for Out-of-State Residential Placements**

**The ICPC referral packet must contain (in the following order) a:**

- Cover letter which includes:
  - The child's name, date of birth, race, sex, social security number;
  - The facility's name, address, and telephone number;
  - The SSW's office address, telephone number, email address; and
  - A brief overview regarding the referral request.
- Correspondence from CRP that states in-state placements are not appropriate
- Acceptance letter from the out-of-state facility  
Current court order showing child's commitment to DCBS (dated within the last 12 months)
- Most recent assessment
- Admission/discharge information from the most recent treatment program  
Information regarding child's DSM diagnosis and IQ (psychological or psychiatric evaluation)
- Completed ICPC Financial/Medical Plan form  
Title IV-E eligibility (OOHC-1262-Title IV-E Eligibility/Reimbursement Summary form)

**You may also refer to SOP 4.51 Out of State Placement.**

**Please email the completed packet to the following address for processing:**

[\*\*CHFS.Interstate@ky.gov\*\*](mailto:CHFS.Interstate@ky.gov)

**Or mail to:**

KY ICPC Office  
Deputy Compact Administrator  
275 East Main Street, 3E-D  
Frankfort, KY 40621

**If you need any assistance, please call the KY ICPC office at 502-564-2147.  
The KY ICPC office fax is 502-564-5995.**