

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:

FROM:

SECTION I IDENTIFYING DATA			
Notice is given of intent to place—Name of Child:		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number:	ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Title IV-E Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Sex:	Gender:	Date of Birth:	
Name of Parent 1:		Name of Parent 2:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			Email Address (optional):
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			Email Address (optional):

SECTION II PLACEMENT INFORMATION	
Types of Care Requested: <input type="checkbox"/> Public Placement <input type="checkbox"/> Private Placement Subsidy: <input type="checkbox"/> IV-E <input type="checkbox"/> Non IV-E <input type="checkbox"/> Pending <input type="checkbox"/> None <input type="checkbox"/> Adoptive Home: Finalizing in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State <input type="checkbox"/> Pending <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> Child-Caring Institution <input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Parent <input type="checkbox"/> Institutional Care—Article VI Adjudicated Delinquent <input type="checkbox"/> Relative (Not Parent) Relationship: _____ <input type="checkbox"/> Other: _____	Current Legal Status of Child: <input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated—Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other: _____
Name of Person(s) or Facility Child is to be placed with:	
Address:	
Soc. Sec # (optional): Soc. Sec # (optional):	
Phone:	
If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside.	
*Name(s) of Prospective Adoptive or Foster Resource:	
Soc. Sec # (optional): Soc. Sec # (optional):	
Address:	
Phone:	

SECTION III SERVICES REQUESTED		
Initial Report Requested (if applicable): <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study <input type="checkbox"/> Parent Study <input type="checkbox"/> Relative Home Study	Supervisory Services Requested: <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise <input type="checkbox"/> Other: _____	Supervisory Reports Requested: <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
Name and Address of Supervising Agency in Receiving State:		
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> 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="checkbox"/> Placement may be made	<input type="checkbox"/> Placement shall not be made
Remarks:	
Signature of Receiving State Compact Administrator, Deputy or Alternate:	Date:

