

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST**

<b>TO:</b>		<b>FROM:</b>	
<b>SECTION I – IDENTIFYING DATA</b>			
Notice is given of intent to place - Name of Child:		Race/Ethnicity:	Hispanic Origin:
Social Security Number:		<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No
ICWA Eligible:		<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> American Indian or Alaskan Native	
Sex:	Date of Birth:	Title IV-E eligibility:	<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Unable to determine/ unknown
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:			
<b>SECTION II – PLACEMENT INFORMATION</b>			
Name of Person(s) or Facility Child is to be placed with:			Soc Sec #:
Address:			Soc Sec #:
			Phone:
<b>Type of Care Requested:</b>		<input type="checkbox"/> Parent	<input type="checkbox"/> ADOPTION
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Relative (Not Parent)	Relationship: _____	<input type="checkbox"/> IV-E Subsidy
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Non IV-E Subsidy
<input type="checkbox"/> Child Caring Institution			To Be Finalized In:
<input type="checkbox"/> Residential Treatment Center			<input type="checkbox"/> Sending State
<input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent			<input type="checkbox"/> Receiving State
<b>Current Legal Status of Child:</b>		<input type="checkbox"/> Protective Supervision	
<input type="checkbox"/> Sending Agency Custody/Guardianship	<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption		
<input type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Unaccompanied Refugee Minor		
<input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Other: _____		
<b>SECTION III - SERVICES REQUESTED</b>			
<b>Initial Report Requested (if applicable):</b>		<b>Supervisory Services Requested:</b>	
<input type="checkbox"/> Parent Home Study	<input type="checkbox"/> Request Receiving State to Arrange Supervision	<b>Supervisory Reports Requested:</b>	
<input type="checkbox"/> Relative Home Study	<input type="checkbox"/> Another Agency Agreed to Supervise	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Adoptive Home Study	<input type="checkbox"/> Sending Agency to Supervise	<input type="checkbox"/> Semi-Annually	
<input type="checkbox"/> Foster Home Study		<input type="checkbox"/> Upon Request	
		<input type="checkbox"/> Other: _____	
Name and Address of Supervising Agency in Receiving State:			
<b>Enclosed:</b>		<input type="checkbox"/> Court Order	<input type="checkbox"/> Financial/Medical Plan
<input type="checkbox"/> Functional Assessment/Child's Social History	<input type="checkbox"/> Home Study of Placement Resource	<input type="checkbox"/> ICWA Enclosure	<input type="checkbox"/> IV-E Eligibility Documentation
<input type="checkbox"/> Other Enclosures			
Signature of Sending Agency or Person:			Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:			Date:
<b>SECTION IV – ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC</b>			
<input type="checkbox"/> Placement may be made		<input type="checkbox"/> Placement shall not be made	
<b>REMARKS:</b>			
Signature of Receiving State Compact Administrator, Deputy or Alternate:			Date:

**DISTRIBUTION** Complete two (2) or four (4) copies of this form. Sending Agency retains a (1) copy in record and either scans a (1) copy to the Sending Compact Administrator, DCA, or alternate or forwards three (3) copies to the Sending Compact Administrator, DCA or Alternate. Sending Compact Administrator, DCA or Alternate will retain a (1) copy and forward two (2) copies to the Receiving State Compact Administrator, DCA or Alternate by scan or mail.