

Connecticut Department of Children and Families  
**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST**

DCF-100A  
 5/19 (Rev.)



ONE FORM PER CHILD					
TO:			FROM:		
SECTION I: IDENTIFYING DATA - Notice is given of intent to place the following child:					
LAST Name of Child To Be Placed::		Child FIRST Name	Age:	DOB:	ICWA Eligible?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race:	Ethnicity:		Gender:		TITLE IV-E Determination?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Mother's Name:			Father's Name:		
Name of Agency or Person Responsible for Planning for this child:			E-mail:		Phone:
Address (No. and Street)		Apt. #:	City:		State:
Address (No. and Street)		Apt. #:	City:		State:
Name of Agency or Person FINANCIALLY Responsible for this child:			E-mail:		Phone:
Address (No. and Street)		Apt. #:	City:		State:
Address (No. and Street)		Apt. #:	City:		State:
SECTION II: PLACEMENT INFORMATION					
Name of Person(s) or Facility where the Child is to be placed:			Phone #:	Person #1 SS (optional):	Person #2 SS (optional):
Address (No. and Street)		Apt. #:	City:		State:
Address (No. and Street)		Apt. #:	City:		State:
<b>Type Of Care Requested:</b> <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> Parent <input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Institutional Care Article VI, Adjudicated Delinquent <input type="checkbox"/> Adoption: <input type="checkbox"/> IV-E Subsid. <input type="checkbox"/> Non IV-E Subsidy			To be finalized in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State <input type="checkbox"/> Relative (Not Parent) List Relationship: <input type="checkbox"/> Other:		
<b>Current Legal Status of Child:</b> <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:		
SECTION III: SERVICES REQUESTED					
<b>Initial Report Requested (if applicable)</b> <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study		<b>Supervisory Services Requested</b> <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise		<b>Supervisory Reports Requested</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other:	
Name of Supervising Agency in Receiving State:			E-mail:		Phone:
Address (No. and Street)		Apt. #:	City:		State:
Address (No. and Street)		Apt. #:	City:		State:
<b>ENCLOSED:</b> <input type="checkbox"/> Court Order <input type="checkbox"/> Child's Social History <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> Home Study of Placement Source <input type="checkbox"/> IV-E Eligibility Documentation <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures					
Signature Of Sending Agency Or Person		Date:	Signature Of Sending State Compact Administrator/ Deputy/Designee:		Date:
SECTION IV -- ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) OF ICPC					
REMARKS					
<input type="checkbox"/> Placement May be Made <input type="checkbox"/> Placement Shall <b>Not</b> Be Made		Signature Of Receiving State Compact Administrator, Deputy Or Alternate			Date:

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