

Connecticut Department of Children and Families
**SOCIAL WORKER STATEMENT OF POTENTIAL PLACEMENT/PARTY UNDER ICPC
 REGULATIONS 2 and 7 (Expedited)**

DCF-2227
 5/19 (Rev.)



Child LAST Name	Child FIRST Name	DOB:	Gender:
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Pursuant to the requirements of Regulation 2 and 7, of the Interstate Compact on the Placement of Children (ICPC),
(enter full legal name):
 I, _____ certify that the following information is true
(enter name of person with whom child to be placed).
 I have communicated directly with the potential placement resource, _____
 The potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process

Is the: Adult aunt Adult brother Adult sister Adult uncle Father

Grandparent Guardian Mother Non-relative Relative-specified Stepparent Of :

PLACEMENT RESOURCE INFORMATION

LAST Name of placement resource:	FIRST Name:	Date of Birth:	E-mail:	Social Security Number:
Address (No. and Street)	Apt. #:	City:	State:	Zip:
Phone:				

INFORMATION CONCERNING OTHER ADULTS RESIDING IN THE RESOURCE HOME

LAST Name of Adult #1:	FIRST Name:	Date of Birth:	E-mail:	Social Security Number:
Address (No. and Street)	Apt. #:	City:	State:	Zip:
Phone:				
LAST Name of Adult#2	FIRST Name:	Date of Birth:	E-mail:	Social Security Number:
Address (No. and Street)	Apt. #:	City:	State:	Zip:
Phone:				

(Please attach separate sheet which includes the above information on all additional adults in the home).

THE NUMBER AND TYPE OF ROOMS IN THE PROPOSED RESIDENCE IS SUFFICIENT TO ACCOMMODATE THE CHILD AS FOLLOWS:

Number of bedrooms	Number of other rooms in the home:	Number of adults residing in the home:
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Number of children residing in the home, including child to be placed:

AGREEMENT WITH PERSON WITH WHOM THE CHILD IS TO BE PLACED

LAST Name of placement resource:	FIRST Name:	<input type="checkbox"/> has or will access financial resources to feed, clothe, and care for the child. <input type="checkbox"/> N/A <input type="checkbox"/> If the child needs child care, provider name, address, day care license number:
<input type="checkbox"/> agrees that a criminal records and child abuse history check will be completed on any persons residing in the home to be screened under the law of the receiving state and that, 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.		
<input type="checkbox"/> I am unaware of any fact that would prohibit the child being placed with the placement resource. Also, I have completed and am prepared to send all required paperwork to the sending state ICPC office, including the ICPC 100A and Form ICPC 101.		
<input type="checkbox"/> Check if this is an ICPC Regulation 7 Expedited Placement Decision Request on a parent from whom the child was not removed.		
Check the following that is applicable:		
<input type="checkbox"/> Home study only and request to discharge jurisdiction to parent.		
<input type="checkbox"/> Home study and supervision requested.		

ICPC Regulation Number 2 and 7 requires that the following information be included with all submissions.

Case History: Please include custodial and social history, court involvement, social dynamics and description of any special needs of the child.

Has placement resource had any other children placed in the home prior to this request? Yes No. If yes, please list child's information below:

Child LAST Name	Child FIRST Name	DOB:	Reason for Placement
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Is child still in the home? Yes No Attach copy of child's case/service/permanency plan and any supplemental plans: Attached Yes No

Financial/Medical Plan- Proposed method for financial support and Medical Services. Subsidy?: Yes No

IV-E Verification IV-E Yes No Attach documentation.

copy of Birth Certificate Attached (if available)

Social Security Number: Attach either copy of the SS card or other documentation verifying the SS number if available.

Name of Medical Plan:

SW LAST Name;	SW FIRST Name:	Title:	Signature:	Date:
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Address (No. and Street)	Apt. #:	City:	State:	Zip:	Phone:
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