

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:

FROM:

SECTION I—IDENTIFYING DATA

Notice is given of intent to place—Name of Child:			Race		Ethnicity:	
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	Child's Sex	Child's Gender	Child's DOB	
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 <input type="checkbox"/> 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"/> Relative (Not Parent) Relationship <input type="checkbox"/> Institutional Care—Article VI Adjudicated Delinquent <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:					Soc. Sec # (optional):	
Address:					Phone:	
If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility, please identify the foster or adoptive resource where the child will reside.						
*Name(s) of Prospective Adoptive or Foster Resource:					Soc. Sec # (optional):	
Address:					Phone:	

SECTION III—SERVICES REQUESTED

Initial Report Requested (if applicable): <input type="checkbox"/> Adoptive Home <input type="checkbox"/> Study Foster Home <input type="checkbox"/> Study 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"/> IV-E Eligibility Documentation <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> Other Enclosures						
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: