INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST FROM:

TO:

		SECTION I IDENTIF	YING DATA	
Notice is given of intent to p	place—Name of Child:		Ethnicity: Hispanic Origin	ı:
			☐ Yes ☐ No	☐ Unable to determine/unknown
Social Security Number:	ICWA Eligible ☐ Yes ☐ No	Title IV-E Eligible ☐ Yes ☐ No ☐ Pending	Race: American Indian or Alaska Native	☐ Native Hawaiian/Other Pacific Islander
Sex:	Gender:	Date of Birth:	Asian	☐ Black or African American ☐ White
Name of Parent 1:			Name of Parent 2:	
Name of Agency or Person	Phone:			
Address:	Email Address (optional):			
Name of Agency or Person	Phone:			
Address:	Email Address (optional):			
		SECTION II PLACEMEN	T INFORMATION	
Types of Care Requested		GEOTION II T EAGEMEN	Current Legal Status of	Child:
☐ Public Placement	. ☐ Private Placement		ourront Logar otatao or	
Subsidy: IV-E No	stody/Guardianship			
☐ Adoptive Home: Finaliz	tody/Guardianship			
Foster Family Home	nly			
Group Home Care	on			
☐ Child-Caring Institution	minated—Right to Place for Adoption			
Residential Treatment (fugee Minor			
Parent	Ja VII Adiodiaata d Dalia		Other:	
☐ Institutional Care—Artic ☐ Relative (Not Parent) Re	-			
Name of Person(s) or Facility	Soc. Sec # (optional): Soc. Sec # (optional):			
Address:	Phone:			
If placement is with an ager identify the foster or adoptive		ic, etc.) other than a residential tro	eatment facility (RTF), please	
*Name(s) of Prospective	Soc. Sec # (optional):			
A ddraga.	Soc. Sec # (optional): Phone:			
Address:				Phone.
		SECTION III SERVICES	S REQUESTED	
Initial Report Requested (if applicable):	Supervisory Services Reque	ested:	Supervisory Reports Requested:
☐ Adoptive Home Study		☐ Request Receiving State		☐ Semi-Annually
☐ Foster Home Study		Another Agency Agreed	Quarterly	
☐ Parent Study		☐ Sending Agency to Supe	ervise	Monthly
☐ Relative Home Study		Other		Other:
Name and Address of Supe	ervising Agency in Rece	iving State:		
	Social History Study of Placement Res	☐ Court Order ource ☐ ICWA Enclosu	☐ Financial/Medica	-
	ocumentation			
Signature of Sending Agenda				Date:
Signature of Sending State				Date:
		CTION BY RECEIVING STATE F		
☐ Placement may be mad Remarks:	le		☐ Placement shall not b	pe made
Signature of Receiving Stat	e Compact Administrato	or, Deputy or Alternate:		Date
-	•	• •		

DISTRIBUTION: See 100A Instructions