

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:

FROM:

SECTION I IDENTIFYING DATA			
Notice is given of intent to place—Name of Child:			Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown
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	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Sex:	Gender:	Date of Birth:	
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	
<b>Types of Care Requested:</b> <input type="checkbox"/> Public Placement <input type="checkbox"/> Private Placement 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"/> Institutional Care—Article VI Adjudicated Delinquent <input type="checkbox"/> Relative (Not Parent) Relationship: _____ 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: _____
Name of Person(s) or Facility Child is to be placed with:	Soc. Sec # (optional): Soc. Sec # (optional):
Address:	Phone:
If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside.	
*Name(s) of Prospective Adoptive or Foster Resource:	Soc. Sec # (optional): Soc. Sec # (optional):
Address:	Phone:

SECTION III SERVICES REQUESTED		
<b>Initial Report Requested (if applicable):</b> Adoptive Home Study Foster Home Study Parent Study Relative Home Study	<b>Supervisory Services Requested:</b> Request Receiving State to Arrange Supervision Another Agency Agreed to Supervise Sending Agency to Supervise Other: _____	<b>Supervisory Reports Requested:</b> Semi-Annually Quarterly Monthly Other: _____
Name and Address of Supervising Agency in Receiving State:		
<b>Enclosed:</b> Child's Social History Home Study of Placement Resource	Court Order ICWA Enclosure	Financial/Medical Plan IV-E Eligibility Documentation 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	
Placement may be made	Placement shall not be made
Remarks:	
Signature of Receiving State Compact Administrator, Deputy or Alternate:	Date