

**INSTRUCTIONS FOR USE OF FORM**  
**Interstate Compact on the Placement of Children (ICPC)**  
**Sending Agency's Regulation No. 7**  
**Expedited Placement Decision Home Study Request and**  
**Statement of Interest/Case Manager Signed Statement**

**PURPOSE:** The purpose of the combined form ICPC-101 – Sending Agency's Regulation No. 7 Expedited Placement Decision Home Study Request and Statement of Interest/Case Manager Signed Statement is to alert the receiving state that the court that has jurisdiction over the child(ren) has determined that a priority placement of a child from one state into another state is necessary, and to meet the requirements as set forth in Regulation No, 7, Section 7 of the ICPC.

Preparation of the form, together with compilation of other ICPC referral materials, is to be completed within three (3) business days of receipt of a court order that indicates the court has made a determination that Expedited Placement circumstances exist.

1. **Date of Contact:** Enter the date or dates when the assigned Social/Case Worker had direct communication with the proposed placement resource. Example: MM/DD/YY.
2. **Child's Information:** Identify the child involved in the referral by full name (as noted on the child's birth certificate) and date of birth (as listed on the child's birth certificate). Select the child's ethnicity from the drop down. Enter the name of the mother of the child as found on the child's birth certificate. Enter the name of the father of the child as follows: enter the name of the mother's husband if married at the time of birth or conception of the child; if not married, the name of the father on the child's birth certificate or as reflected in a judgment of paternity entered by a court. If there is no husband, father listed on the birth certificate, or judicially determined father, list the name of the alleged father, if known, and specify "alleged". If the child's birth father is unknown, enter "unknown".
3. **Proposed Placement Resource:** This section relates to the person who will be providing care for the child(ren) if placement occurs. Due to the time constraints for completing the home study, it is essential that all identifying information about the **proposed placement resource** be included in the request for expedited home study. Complete all fields, using the drop-down menu where available. (Name, date of birth, relationship to child(ren), social security number, marital status, if living with someone, their name, address, telephone numbers, best time of day to contact resource, employer, may be contacted at place of employment, alternate contact name and address, and relationship of alternate contact to the proposed resource.)
4. **Proposed Placement Resource:**
  - a. Fits the definition of parent, stepparent, grandparent, adult brother or sister, adult aunt or uncle, or his/her guardian under Article VIII(a) of the ICPC.
  - b. Is interested in being a placement for the child/children and is willing to cooperate with the ICPC process. *Example:* Check Yes or No
  - c. Acknowledges preliminary discussion regarding medical/financial support available to feed, clothe and care for the child/children if placed as well as provision of child care and school tuition if applicable. *Example:* Check Yes or No.
  - d. Acknowledges discussion regarding potential public and private resources available for such as documented on the ICPC Medical/Financial Plan. *Example:* Check Yes or No
  - e. States the number of bedrooms in the residence. *Example:* 3
  - f. Confirms and identifies the number of people, including children, who are currently residing in the home by name and characteristics. If none, type "*No other residents in the home*"
  - g. Acknowledges that a criminal records and child abuse history check will be completed on any person residing in the home as required to be screened under the law of the receiving state and that to the best of his/her knowledge, no one residing in the home has a criminal history or child abuse history that would prohibit the placement. *Example:* Check Yes or No
  - h. Resource signature (optional).
5. **Concurrence to Relinquish Jurisdiction:** If applicable, Check Yes or No
6. **Assessment of Child(ren):** Complete a separate assessment section for each child to be placed. This section relates to the child(ren) who will be placed with the proposed caretaker if placement is recommended and approved. It is essential that sufficient information be provided to the receiving state worker so that an adequate assessment can be completed that will take into account the needs of the child(ren) as well as the capacity of the proposed caretaker to provide appropriately for the child(ren).

- a. **Case Plan Attached:** Select yes or no. If a case plan has been completed, it must be attached to the referral.
  - b. **Financial/Medical Plan Attached:** Select yes or no.
  - c. **Special Needs:** Enter a description of all special needs that require attention if the child is to be successfully placed with the proposed caretaker. If this information is contained elsewhere in the referral packet, enter the location for the information. Special needs of the child include all medical, physical, emotional, behavioral, educational, and/or psychological areas of functioning.
  - d. **Service Needs/Treatment Requirements:** Enter all service needs and/or treatment requirements that must be addressed to achieve and maintain an acceptable placement of the child(ren) which the proposed caretaker. For each service need/treatment requirement listed, include the method by which payment for provision will be obtained, if such information is not included elsewhere in the referral i.e. case plan, financial/medical plan, etc.
  - e. **School Information:** If the child is not of school age, enter N/A. Otherwise, enter: name of school; grade last attended; report which includes most recent grades; if special classroom attendance is necessary due to child being learning disabled or behaviorally disabled; copies of child's Individualized Education Plan (IEP), if applicable; recommendations of most recent teacher/counselor/principal regarding educational needs of child; if child is not attending school, give reason(s) for non-attendance.
  - f. **Other Required Pertinent Information Regarding Child and Family Will Follow:** Select from yes/no drop down.
7. **Sign off/Signatures:** Signature/date of Social/Case Service Worker and Supervisor (if required); include Title, Address Telephone and E-mail Address.

**Association of Administrators of  
The Interstate Compact on the Placement of Children  
Sending Agency's Regulation No. 7  
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*To be submitted by Case/Social Worker with other required ICPC materials*

1. Pursuant to the requirement of Regulation No. 7, Section 7 of the Interstate Compact on the Placement of Children (ICPC), the following information regarding the proposed placement resource for the identified child is certified as true based on my direct communication with the proposed placement resource on \_\_\_\_\_ (date of contact).

2. Name of Child(ren) to be Placed	Date of Birth	Age	Ethnicity	Name of Parent (indicate mother/father)
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____
f. _____	_____	_____	_____	_____
g. _____	_____	_____	_____	_____

**PROPOSED PLACEMENT RESOURCE**

3. Name of Proposed Resource \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Marital status \_\_\_\_\_ Living with: \_\_\_\_\_  
*(name of person if applicable)*

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone numbers: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Best time of day to contact resource: \_\_\_\_\_ May be contacted at place of employment:  Yes  No

Employer: \_\_\_\_\_  
*(if applicable)*

Alternate contact name and address: \_\_\_\_\_

Relationship to proposed resource: \_\_\_\_\_

4. The proposed placement resource:
- a. Fits the definition of parent, stepparent, grandparent, adult brother or sister, adult aunt or uncle, or his/her guardian under Article VIII(a) of the ICPC.
  - b. Is interested in being a placement for the child(ren) and is willing to cooperate with the ICPC process.  Yes  No
  - c. Acknowledges preliminary discussion regarding medical/financial support available to feed, clothe and care for the child(ren) if placed as well as provision of child care and school tuition if applicable.  Yes  No
  - d. Acknowledges discussion regarding potential public and private resources available for such as documented on the ICPC Medical/Financial Plan.  Yes  No
  - e. States the number of bedrooms in the residence is: \_\_\_\_\_
  - f. Confirms and identifies the number of adults and children who are currently residing in the home by name, date of birth and social security number:

Name(s) of Others In the Home	Date(s) of Birth	Social Security Number(s)
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. Acknowledges that a criminal records and child abuse history check will be completed on any person residing in the home as required to be screened under the law of the receiving state and that to the best of his/her knowledge, no one residing in the home has a criminal history or child abuse history that would prohibit the placement.  Yes  No

h. Resource Signature \_\_\_\_\_ (optional) \_\_\_\_\_ (date)

5. Concurrence to Relinquish Jurisdiction: Pursuant to ICPC Regulation No. 7, this referral includes a request for concurrence to relinquish jurisdiction as the placement sought is with a parent from whom the child was not removed as documents on the ICPC Regulation No. 7 Expedited Decision Court Order, and attached hereto.  Yes  No

6. **ASSESSMENT OF CHILD(REN)**

(Complete a separate assessment for each child to be placed)

a. Child Name: \_\_\_\_\_

Case plan attached?  Yes  No      Financial/Medical Plan Attached?  Yes  No

Special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service needs/treatment requirements:

\_\_\_\_\_  
\_\_\_\_\_

School information:

\_\_\_\_\_  
\_\_\_\_\_

Other required pertinent information regarding child and family will follow:  Yes  No

b. Child Name: \_\_\_\_\_

Case plan attached?  Yes  No      Financial/Medical Plan Attached?  Yes  No

Special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service needs/treatment requirements:

\_\_\_\_\_  
\_\_\_\_\_

School information:

\_\_\_\_\_  
\_\_\_\_\_

Other required pertinent information regarding child and family will follow:  Yes  No

c. Child Name: \_\_\_\_\_

Case plan attached?  Yes  No

Financial/Medical Plan Attached?  Yes  No

Special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service needs/treatment requirements:

\_\_\_\_\_  
\_\_\_\_\_

School information:

\_\_\_\_\_  
\_\_\_\_\_

Other required pertinent information regarding child and family will follow:  Yes  No

7. Worker's Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*(please type or print)* *(telephone number)*

Worker's Signature \_\_\_\_\_  
*(date)*

Email Address \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*(if required)* *(date)* *(telephone number)*