

**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	Race: <input type="checkbox"/> American Indian or Alaskan 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:	Date of Birth	Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		
Name of Mother:			Name of Father:	
Name of Agency or Person Responsible for Planning for Child:				Phone:
Address:				
Name of Agency or Person Financially Responsible for Child:				Phone:
Address:				

**SECTION II - PLACEMENT INFORMATION**

Name of Person(s) or Facility Child is to be placed with:			Soc Sec # (optional): Soc Sec # (optional):	
Address:			Phone:	
<b>Type of Care Requested:</b>		<input type="checkbox"/> Parent <input type="checkbox"/> Relative (Not Parent) Relationship: _____ <input type="checkbox"/> Other: _____		<input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy To Be Finalized In: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center			
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent			
<input type="checkbox"/> Child Caring Institution				
<b>Current Legal Status of Child:</b>		<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:		
<input type="checkbox"/> Sending Agency Custody/Guardianship				
<input type="checkbox"/> Parent Relative Custody/Guardianship				
<input type="checkbox"/> Court Jurisdiction Only				

**SECTION III - SERVICES REQUESTED**

<b>Initial Report Requested (if applicable):</b> <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	<b>Supervisory Services Requested:</b> <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	<b>Supervisory Reports Requested:</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other:
Name and Address of Supervising Agency in Receiving State:		
<b>Enclosed:</b> <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Documentation		

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
<b>REMARKS:</b>	
Signature of Receiving State Compact Administrator, Deputy or Alternate:	Date:

DISTRIBUTION (Complete six (6) copies):  
 • Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:  
 • Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:  
 • Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.  
 • Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.