

INTERSTATE COMPACT PLACEMENT REQUEST

TO: (Name and Address of Compact Administrator In Receiving State)	FROM: (Name and Address of Compact Administrator in Sending State) ICPC Office - 2B Child and Family Services Agency 400 6th St. S.W. Washington, DC 20024
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SECTION I – IDENTIFYING DATA

Notice is given of intent to place: NAME OF CHILD	Sex	DATE OF BIRTH	ETHNIC GROUP
NAME OF MOTHER	NAME OF FATHER		
NAME OF AGENCY OR PERSON RESPONSIBLE FOR PLANNING FOR CHILD		TELEPHONE NO.	
ADDRESS			
NAME OF AGENCY OR PERSON FINANCIALLY RESPONSIBLE FOR CHILD		TELEPHONE NO.	
ADDRESS			

SECTION II – PLACEMENT INFORMATION

NAME OF PERSON(S) OR FACILITY CHILD IS TO BE PLACED WITH	TELEPHONE NO.
ADDRESS	
TYPE OF CARE <input type="checkbox"/> Foster Family Care <input type="checkbox"/> Group Home Care	<input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Child-caring Institution <input type="checkbox"/> Institutional Care
<input type="checkbox"/> Parent <input type="checkbox"/> Relative (Not Parent) Relationship: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Adoption <input type="checkbox"/> Subsidy/IV-E Assistance To be completed in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State

LEGAL STATUS

- | | |
|--|--|
| <input type="checkbox"/> Sending Agency Custody/Guardianship
<input type="checkbox"/> Parent Relative Custody/Guardianship;
<input type="checkbox"/> Court Jurisdiction Only | <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption
<input type="checkbox"/> Unaccompanied Refugee Minor
<input type="checkbox"/> Other: |
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SECTION III – SERVICES REQUESTED

Initial Report (If applicable) <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	Supervisory Services: <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other:
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NAME AND ADDRESS OF SUPERVISING AGENCY IN RECEIVING STATE

- | | |
|---|---|
| ENCLOSED
<input type="checkbox"/> Child's Social History
<input type="checkbox"/> Home Study of Placement Resource | <input type="checkbox"/> Court Order
<input type="checkbox"/> Other Enclosures |
|---|---|

SIGNATURE OF SENDING AGENCY OR PERSON

DATE SIGNED:

SIGNATURE OF SENDING COMPACT ADMINISTRATOR ALTERNATE

DATE SIGNED:

SECTION IV – ACTION BY RECEIVING STATE

- Placement May Be Made
 Placement Shall Not Be Made

REMARKS

SIGNATURE OF RECEIVING STATE COMPACT ADMINISTRATOR OR ALTERNATE

DATE SIGNED:

DISTRIBUTION

Complete six (6) copies of this form

- Sending Agency retains a copy and forward 5 copies to:
- Sending Compact Administrator retains 1 copy and forwards 4 copies to:
- Receiving Agency Compact Administrator indicates action (Section IV) and forwards 1 copy to receiving agency and 2 copies to sending Compact Administrator with in 30 days.
- Sending compact Administrator retains 1 completed copy and forwards the other completed copy to the sending Agency.