

**STATEMENT OF CASE MANAGER
REGARDING ICPC
POTENTIAL PLACEMENT**

Purpose: In compliance with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC), the assigned Case Manager must discuss with the family, who is the potential placement resource, hereinafter referred to as the resource, in advance of requesting a Home Study through the Interstate Compact on the Placement of Children (ICPC). If the resource is not a placement option, the Case Manager will complete, sign and forward this form to the court with jurisdiction, as an official determination that a request for a Home Study through ICPC will not be pursued.

COURT CASE NUMBER: _____ **COUNTY:** _____

(check applicable box)

- Yes, Resource meets criteria to request a Home Study through ICPC**
- No, Resource does not meet criteria to request a Home Study through ICPC**

CHILD(ren)'s NAME(s):

(list all children applicable to this referral)

DOB:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RESOURCE's full legal name(s):

Name: _____ Phone Number: _____

DOB: _____ SSN: _____

Name: _____ Phone Number: _____

DOB: _____ SSN: _____

Address: _____

In the interest of the child(ren): _____
Court Case Number: _____

OTHER ADULTS LIVING IN THE HOME:

Name: _____ Phone Number: _____

DOB: _____ SSN: _____

Name: _____ Phone Number: _____

DOB: _____ SSN: _____

Name: _____ Phone Number: _____

DOB: _____ SSN: _____

Name: _____ Phone Number: _____

DOB: _____ SSN: _____

TYPE OF REFERRAL: *(choose only one)*

Regulation 7 – Pursuant to the requirements of Regulation 7, Section 7(a) of the Interstate Compact on the Placement of Children (ICPC), I certify that the following information is true:

Regulation 1 or 2 – Pursuant to the requirements of Regulation 1 or 2, Section 5(d) of the Interstate Compact on the Placement of Children (ICPC), I certify that the following information is true:

(Initial below to confirm if these statements are true:)

1. ___ I, the Case Manager listed below, have communicated directly with the resource.
2. ___ I, the Case Manager listed below, believe the resource is interested in being a placement resource for the child(ren) and is willing to cooperate with the ICPC process.
3. The resource has the following relationship(s) with the child(ren): *(check all that apply)*

___ father	___ adult aunt	___ guardian
___ mother	___ adult uncle	___ adult cousin
___ stepparent	___ adult brother	___ non-relative
___ grandparent	___ adult sister	___ adoptive parent of sibling
___ other: _____		

4. The total number of bedrooms in the proposed residence are sufficient to accommodate the child(ren), as well as all individuals currently residing in the home, as follows:

- a. Number of **BEDROOMS** _____
- b. Number of **ALL ADULTS** residing in home _____
- c. Number of **ALL CHILDREN, including child(ren) to be placed**, residing in home _____

In the interest of the child(ren): _____
Court Case Number: _____

5. The resource has or will access financial resources to feed, clothe, and care for the child(ren).

If the child(ren) is/are in need of child care: *(check only one)*

- There is a plan for child care (i.e. out of home day care provider, adult living in home will provide child care, local community program, etc.)
- Child care will not be needed

6. ___ The resource acknowledges that **a criminal records and child abuse history check** will be completed on any persons residing in the home, to be screened under the law of the receiving state, and, to the best knowledge of the resource, no one residing in the home has a criminal or child abuse history that would prohibit the placement.

7. ___ I am unaware of any fact that would prohibit the child(ren) being placed with this resource.

OR:

8. ___ An ICPC Referral is not appropriate at this time, and the ICPC Home Study referral will not be pursued, due to the following reasons: *(check all that apply)*

- a. ___ Inability to make contact with resource, despite several attempts.
- b. ___ Resource is not interested in being a placement option for the children listed above.
- c. ___ Resource is unwilling to provide demographic information on others residing in the home.
- d. ___ Insufficient number of bedrooms in the home.
- e. ___ Insufficient financial resources to provide for the child(ren).
- f. ___ Resource is unwilling to submit to criminal records and child abuse history checks.
- g. ___ Other *(Describe)*: _____

After discussing the requirements for a Home Study request through ICPC with the resource, I certify this information is accurate, as reported to me:

Case Manager's Signature: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____

In the interest of the child(ren): _____
Court Case Number: _____

City: _____

State: _____

Zip: _____

Telephone number(s): _____ Fax Number: _____

Email: _____

Supervisor's Signature: _____ Date: _____

Printed Name: _____ Title: _____



In the interest of the child(ren): _____
Court Case Number: _____