

**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"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Parent	<input type="checkbox"/> ADOPTION
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent	<input type="checkbox"/> Relative (Not Parent) Relationship: _____	<input type="checkbox"/> IV-E Subsidy
<input type="checkbox"/> Child Caring Institution		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Non IV-E Subsidy
			To Be Finalized In:
			<input type="checkbox"/> Sending State
			<input type="checkbox"/> Receiving State
<b>Current Legal Status of Child:</b>			
<input type="checkbox"/> Sending Agency Custody/Guardianship		<input type="checkbox"/> Protective Supervision	
<input type="checkbox"/> Parent Relative Custody/Guardianship		<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption	
<input type="checkbox"/> Court Jurisdiction Only		<input type="checkbox"/> Unaccompanied Refugee Minor	
		<input type="checkbox"/> Other:	

**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:
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Name and Address of Supervising Agency in Receiving State:

**Enclosed:**  Child's Social History  Court Order  Financial/Medical Plan  Other Enclosures  
 Home Study of Placement Resource  ICWA Enclosure  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**

Placement may be made  Placement shall not be made

**REMARKS:**

Signature of Receiving State Compact Administrator, Deputy or Alternate: \_\_\_\_\_ Date: \_\_\_\_\_