State of Kansas Department for Children and Families Prevention and Protection Services ICPC 100B

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REPORT ON CHILD'S PLACEMENT STATUS

PPS 9135 REV 10/12

One form per child Please Type

TO:							F	ROM:				
Child's Name:									Birthdate:			
Mother's Name:								ather's	Name:			
SECTION II PLACEMENT STATUS												
			Child in Receiving State				Date	Date Child Placed in Receiving State:				
	ne of Reso dress:	ource:										
Type of Care:												
☐ Placement Change			Effective Date of Change:									
Name of Resource: Address:												
Type of Care:												
CECTION III COMPACT DI ACEMENT TERMINATIONI												
SECTION III COMPACT PLACEMENT TERMINATION Adoption Finalized In Sending State In Receiving State Court Order Attached												
Child Reached Majority/Legally Emancipated												
☐ Legal Custody Returned to Parent(s) ☐ Court Order Attached												
Legal Custody Given to Relative Court Order Attached												
Name:									Relations	ship:		
Treatment Completed Sending State's Jurisdiction Termination with the Concurrence of the Receiving State Unilateral Termination Child Returned to Sending State Child Has Moved to Another State Proposed Placement Request Withdrawn Name of Placement Resource: Approved Resource Will Not be Used for Placement Name of Placement: Other (Specify): Date of Termination: SECTION IV SIGNATURES												
Person/Agency Supplying Information: Date:												
										Date.		
Compact Administrator, Deputy or Alternate: Date:										Date:		

(This form supersedes YA 3305, Rev. 8/2001)

- DISTRIBUTION (Complete four (4) copies of this form):

 Sending Agency retains a (1) copy and forwards completed original plus three (3) copies to:
 Sending Compact Administrator, DCA, or alternate retains one (1) copy and forwards two (2) copies to:
 Receiving Agency Compact Administrator, DCA, or alternate retains one (1) copy and forwards one (1) copy to the receiving agency

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Strong Families Make a Strong Kansas