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).

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

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) that the following information is true:

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: _____

OTHER ADULTS LIVING IN THE HOME:

Name: _____ Phone Number: _____

DOB: _____ SSN: _____

Name: _____ Phone Number: _____

DOB: _____ SSN: _____

(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_____

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.

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:_____

Telephone number(s):_____

Email: _____

Supervisor's Signature: _____Date:_____

Printed Name: _____Title: _____

Kansas
Department for Children and Families