State of Kansas
Department for Children and Families
Prevention and Protection Services

One form per child
Please type

PPS 9130
REV. 7/2012
(ICPC 100A)

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: ☐ Yes ☐ No ☐ Unable to determine/unknown

Social Security Number:

ICWA Eligible: ☐ Yes ☐ No

Race:
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian/ Other Pacific Islander
☐ Black or African American
☐ White

Sex:

Date of Birth

Title IV-E determination ☐ Yes ☐ No ☐ 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:

Type of Care Requested:

☐ Foster Family Home
☐ Group Home Care
☐ Child Caring Institution
☐ Residential Treatment Center
☐ Institutional Care-Article VI, Adjudicated Delinquent
☐ Parent
☐ Relative (Not Parent)
Relationship: _____
☐ Other: _____

☐ ADOPTION
☐ IV-E Subsidy
☐ Non IV-E Subsidy
To Be Finalized In:
☐ Sending State
☐ Receiving State

Current Legal Status of Child:

☐ Sending Agency Custody/Guardianship
☐ Parent Relative Custody/Guardianship
☐ Court Jurisdiction Only
☐ Protective Supervision
☐ Parental Rights Terminated-Right to Place for Adoption
☐ Unaccompanied Refugee Minor
☐ Other:

SECTION III - SERVICES REQUESTED

Initial Report Requested (if applicable):
☐ Parent Home Study
☐ Relative Home Study
☐ Adoptive Home Study
☐ Foster Home Study

Supervisory Services Requested:
☐ Request Receiving State to Arrange Supervision
☐ Another Agency Agreed to Supervise
☐ Sending Agency to Supervise

Supervisory Reports Requested:
☐ Quarterly
☐ Semi-Annually
☐ Upon Request
☐ Other:

Name and Address of Supervising Agency in Receiving State:

Enclosed: ☐ Child's Social History ☐ Home Study of Placement Resource ☐ Court Order ☐ ICWA Enclosure ☐ Financial/Medical Plan ☐ IV-E Eligibility Documentation ☐ Other Enclosures

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:

(This form supersedes CFS 4013REV 7/2011)