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:		FROM:	

Child's Name:		Birthdate:	
Mother's Name:		Father's Name:	

SECTION II PLACEMENT STATUS

☐ Initial Placement of Child in Receiving State — **Date Child Placed in Receiving State:**

Name of Resource:	
Address:	
Type of Care:	
☐ Placement Change — Effective Date of Change:	
Name of Resource:	
Address:	
Type of Care:	

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: Relationship:

☐ 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☐ Proposed Placement Request Withdrawn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:

Compact Administrator, Deputy or Alternate: 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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