

**ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATE
 COMPACT ON THE PLACEMENT OF CHILDREN**

SENDING STATE PRIORITY HOME STUDY REQUEST		
To be submitted by Social Worker with other required ICPC materials		
Child's Name :	DOB:	Ethnic Group:
Mother's Name:	Father's Name:	
PROPOSED CARETAKER		
Name:	Marital Status (Check One): ☐ S ☐ M ☐ Sep ☐ D ☐ W Living With (Name of Person):	
Street Address:		
City:	State:	Zip:
Home Telephone:	Work Telephone:	
SSN:	Best Time of Day to contact Caretaker:	
Relationship to Child:	Employer: (if applicable)	
Alternate Contact Name:		
Street Address:		
City:	State:	Zip:
Home Telephone :	Work Telephone:	
ASSESSMENT OF CHILD		
Case Plan Attached: ☐ Yes ☐ No	Financial/Medical Plan Attached: ☐ Yes ☐ No	
Special Needs		
Handicaps/Mental and or Physical:		
Service Need/Treatments Requirements:		
School Information:		
Other pertinent information regarding the child: ☐ Yes ☐ No	Explain:	
Name of Worker:		Worker's Telephone:
Worker Signature:		Date:
Name of Supervisor:		Supervisor's Telephone:
Supervisor Signature:		Date:

