INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)
PLACEMENT REQUEST (CD-ICPC-100A) INSTRUCTIONS

PURPOSE:

Form CD-ICPC-100A, Placement Request, is a legal binding contract that is consistent to all Compact member states and territories. This form must be used by the sending agency to request approval to place a child in another state. It provides relevant information, including the type of home study requested (parent, relative, adoptive, foster). If Missouri is the Sending Agency and is going to make a maintenance payment to the resource provider should the placement be approved, a home study should be requested regardless of the degree of relationship.

Following the completion of a home study by the receiving state, this form is the official notification that the proposed placement can be made in conformity with the Interstate Compact. *The CD-ICPC-100A must accompany all requests for out-of-state placements and it must be returned with an approval for placement from the receiving state's ICPC office BEFORE any Compact placement may be made.*

COPIES & DISTRIBUTION:

This is a one (1) page form. The original and four (4) copies are sent with the referral packet to the ICPC unit in Central Office. The CSW should retain one copy to be placed in the ICPC section of the child's record. One copy is kept in the ICPC generated file in Central Office, while the remaining four (4) are sent with two (2) copies of the referral packet to the receiving state.

INSTRUCTIONS FOR COMPLETION:

This form may be typed or handwritten, as long as the handwriting is clearly legible.
Only enter one (1) child per form.

TO/FROM boxes:

Addressing information may be obtained from the book, *National Directory of Children, Youth, & Families Services,* or left blank to be completed by the ICPC Coordinator in Central Office.

SECTION I--IDENTIFYING DATA:

- Enter the child's legal name, sex, date of birth, ethnic group and Title IV-E eligibility status.
- Enter the name(s) of the child's legal parents – this will generally be the child's birth parents. However, if the child was adopted this would be the names of the adopted parents.
- If the parent(s) is deceased, enter "Deceased". If termination of parental rights has occurred, but the child is not yet adopted, "TPR" can be entered in lieu of names.
- Enter the name, address and phone number of the person/agency responsible for making plans for the child.

- Enter the name, address and phone number of the person/agency who is financially responsible for the child (this is often the same as the previous item).

SECTION II--PLACEMENT INFORMATION:

- Enter the full name(s), address, phone number and Social Security Number(s) – if known/available/applicable of the proposed resource placement.

- TYPE OF PLACEMENT SOUGHT ON THIS RESOURCE – Mark the appropriate box for the type of placement sought. *Note: If this is a kinship caregiver (no blood/legal ties) or, a placement resource who will receive a monthly maintenance for this child, mark "Foster Family Care".*

- If this will be an adoptive placement, mark where the adoption will be finalized (sending state or receiving state) and also check the Subsidy box if there will be a subsidy for this placement.

- LEGAL STATUS – Mark the appropriate box to show the legal care and custody of the child. *Note: Generally, it is the sending agency custody/guardianship.*

  - ✓ Sending Agency Custody/Guardianship – Full legal custody/guardianship of the child is with the sending agency.

  - ✓ Parent/Relative Custody/Guardianship – Full legal custody/guardianship of the child is with a parent or relative.

  - ✓ Court Jurisdiction Only – The court has full responsibility for making placement of the child and the child is not the legal responsibility of an agency.

  - ✓ Parental Rights Terminated/Right to Place for Adoption – Parental rights to the child have been either voluntarily or involuntarily relinquished and the sending agency has the authority to place for adoption.

SECTION III--SERVICES REQUESTED:

- INITIAL REPORT -- If applicable, mark the box for the type of home study being requested. *Note: Only <u>ONE</u> box is to be checked.*

  - ✓ Parent Home Study – The proposed placement is a legal parent.

  - ✓ Relative Home Study – The proposed placement is with a legal or blood relative. *Note: If the plan is to pay a monthly maintenance to the proposed caregiver for the child, DO NOT mark this box. Mark Foster Home Study instead.*

  - ✓ Adoptive Home Study – The proposed placement is an adoptive placement. *Note: The child should be legally free for adoption/parental rights have been terminated.*

  - ✓ Foster Home Study – Mark this box if this is a non-blood or legally related caregiver <u>and</u>/<u>or</u> a monthly maintenance payment is to be made to the proposed placement resource for the care of the child.

- SUPERVISORY SERVICES -- Check one box which applies to the appropriate mode of supervision.

  - ✓ Request Sending Agency to Arrange Supervision.

  - ✓ Another Agency Agreed to Supervise. *Note: This is generally used when a private agency is supervising a placement (i.e.: an adoption).*

  - ✓ Sending Agency to Supervise – Permission must be given by the receiving state for the sending agency to supervise a placement in their state.

- SUPERVISORY REPORTS--

- Indicate how frequently reports are requested or required from the receiving state.

  - ✓ Quarterly – The most commonly requested report. Placement Progress Reports are to be submitted by the receiving state to the sending state every three (3) months.

  - ✓ Semi-Annually – Reports are submitted every six (6) months.

  - ✓ Upon Request – Be very careful in marking this box as it leaves the provision of supervision/reports open ended with no commitment to provide that service until the sending state worker requests it.

  - ✓ Other – Used when reports are requested at a less than usual timeframe.

- NAME/ADDRESS OF SUPERVISING AGENCY IN RECEIVING STATE -- If the placement is to be supervised by a public agency in the receiving state and the contact information is known by the sending agency, put that information here. However, if it is unknown, this will be completed by the receiving state's ICPC office.

- ENCLOSED -- Mark the appropriate boxes to indicate what information is accompanying the Placement Request, CD-ICPC-100A, as part of the referral packet:

  - ✓ Child's Social History – MUST be part of the referral packet. This can include a pre-placement summary on adoptive referrals.

  - ✓ Home Study of Placement Resource – Generally marked if there is already an approved home study on this placement resource and an update is being requested for purposes of adoption, licensure or an approved resource has moved.

  - ✓ Court Order – MUST be part of the referral packet. To include Custody/Guardianship Orders, TPR orders or petitions; and orders requesting a home study.

  - ✓ Other Enclosures – Indicates other pertinent information/reports are included in the referral packet, (i.e.: Psychological/psychiatric evaluations, case plans, medical reports, school reports, etc.).

- SIGNATURE OF SENDING AGENCY OR PERSON – The worker completing the referral signs here (or their supervisor can).

- SIGNATURE OF SENDING STATE COMPACT ADMINISTRATOR OR ALTERNATE – The ICPC Child Placement Coordinator or Deputy Compact Administrator signs here.

SECTION IV--ACTION BY RECEIVING STATE:

This section is completed in the receiving state's Compact office after the designated person reviews the completed home study and other pertinent information, and makes a decision to approve or deny placement.

FORMS RETENTION:

This form shall be retained in the ICPC section of the child's record until the entire case is destroyed.

MEMORANDA HISTORY: CD07-44