## INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST FROM:

TO:

If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside.  *Name(s) of Prospective Adoptive or Foster Resource:  Soc. Sec # (optional): Soc. Sec # (optional):			SECTION I—IDENTIF	FYING I	DATA	
Social Security Number:   CWA_Eligible   Yes   No   Pending   American Indian or   Annacian Matie   Pacific Islander   Pacifi	Notice is given of intent to p	olace—Name of Child:		Ef	thnicity: Hispanic Origin:	
Yes   No   Pending					Yes No	☐ Unable to determine/unknown
Section   Parent 1:   Name of Parent 2:   Name of Agency or Person Responsible for Planning for Child:   Phone:   Phon	Social Security Number:				American Indian or	_
Name of Agency or Person Responsible for Planning for Child:  Address:    Email Address (optional):	Sex:	Gender:	Date of Birth:			☐ Black or African American
Address:	Name of Parent 1:	1		N:	ame of Parent 2:	_
Address:    Email Address (optional):	Name of Agency or Person	Responsible for Planni	ng for Child:			Phone:
Section   P-Action	Address:	Email Address (optional):				
SECTION II—PLACEMENT INFORMATION   Types of Care Requested:	Name of Agency or Person	Phone:				
Types of Care Requested:    Public Placement   Private Placement	Address:	Email Address (optional):				
Public Placement   Private Placement   Private Placement   Pending   None   Pending   Adoptive None   Pending   Sending State   Pending   Parent Relative Oustody/Guardianship   Parent Residential Treatment Center   Parent			SECTION II—PLACEMEN	IT INFO	RMATION	
Subsidy:   IV-E	Types of Care Requested	:			Current Legal Status of 0	Child:
Adoptive Home: Finalizing in:   Sending State   Receiving State   Pending   Protective Supervision   Parent Relative Custody/Guardianship   Court Jurisdiction Only   Protective Supervision   Parental Rights Terminated—Right to Place for Adoption   Dataset   Parental Rights Terminated—Right to Place for Adoption   Parental Rights Terminated—Right to Place for Adoption   Dataset   Da	☐ Public Placement	☐ Private Placement			-	
Foster Family Home						
Group Home Care   Child-Caring Institution   Child-Caring Institution   Child-Caring Institution   Child-Caring Institution   Child-Caring Institution   Child-Caring Institution   Child-Caring Institutional Care—Article VI Adjudicated Delinquent   Child-Caring VI Adjudicated Delinquent   C		zing in: Sending S	tate ☐ Receiving State ☐ Pen	nding	<del></del>	•
Child-Caring Institution Sessidential Treatment Center Institutional Care—Article VI Adjudicated Delinquent Selative (Not Parent) Relationship: Other:    Soc. Sec # (optional): Soc. S						
Residential Treatment Center	•					
Parent						
Institutional Care—Article VI Adjudicated Delinquent   Relative (Not Parent) Relationship:   Other:   Soc. Sec # (optional):   Soc. Sec # (optio		ugee Minor				
Relative (Not Parent) Relationship:					Other:	
Other:   Name of Person(s) or Facility Child is to be placed with:   Soc. Sec # (optional):   Phone:     Phone:						
Name of Person(s) or Facility Child is to be placed with:  Address:  If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside.  *Name(s) of Prospective Adoptive or Foster Resource:  Soc. Sec # (optional):		elationship:				
Address:  If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside.  *Name(s) of Prospective Adoptive or Foster Resource:  Address:  Sec. Sec # (optional): Soc. Sec #	☐ Other:					
Address:   Phone:	Name of Person(s) or Facility					
identify the foster or adoptive resource where the child will reside.  *Name(s) of Prospective Adoptive or Foster Resource:  Address:    Soc. Sec # (optional):   Phone:	Address:					
*Name(s) of Prospective Adoptive or Foster Resource:  Address:    Soc. Sec # (optional): Sec. # (optional): Supervisor # (optional): Sec. # (opt				reatmer	nt facility (RTF), please	1
Phone:						
Initial Report Requested (if applicable):  Adoptive Home Study Request Receiving State to Arrange Supervision Semi-Annually Another Agency Agreed to Supervise Agency Agreed to Supervise Agency Agreed to Supervise Another Agency Agreed to Supervision Agency of Supervising Agency in Receiving State:  Enclosed: Another Agency Agreed to Supervision Agency of Supervising Agency in Receiving State:  Enclosed: Another Agency Agreed to Supervision Agency of Supervision Agency in Receiving State:  Enclosed: Another Agency Agreed to Supervision Agency in Receiving Agency in	Address:	, , , ,				
Initial Report Requested (if applicable):    Adoptive Home Study						
Adoptive Home Study			SECTION III—SERVICES	S REQ	UESTED	
Foster Home Study						Supervisory Reports Requested:
Parent Study					• .	_
Relative Home Study    Other	•					☐ Quarterly
Name and Address of Supervising Agency in Receiving State:    Enclosed:	•		☐ Sending Agency to Supe	ervise		· ·
Enclosed: Child's Social History Court Order Financial/Medical Plan Other Enclosures Home Study of Placement Resource ICWA Enclosure IV-E Eligibility Documentation  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  Remarks:	☐ Relative Home Study		Other			☐ Other:
☐ Home Study of Placement Resource ☐ ICWA Enclosure ☐ IV-E Eligibility Documentation   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  Remarks:	Name and Address of Supe	ervising Agency in Rece	eiving State:			1
Signature of Sending Agency or Person:  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  Remarks:		-	_		<del>_</del>	<del>-</del>
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 Remarks:						
☐ Placement may be made  Remarks: ☐ Placement shall not be made	Signature of Sending State	•				
Remarks:		SECTION IV—A	CTION BY RECEIVING STATE I	PURSU	IANT TO ARTICLE III(d) of	FICPC
	•	le			☐ Placement shall not be	e made
						Date

DISTRIBUTION: See 100A Instructions