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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)  RECEIVING STATE’S PRIORITY HOME STUDY | | | | | | ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATE  COMPACT ON THE PLACEMENT OF CHILDREN | | | | | | |
| EACH SECTION MUST BE COMPLETED | | | | | | | | | | | | | |
| NAME OF CHILD(REN) TO BE PLACED | | | | | SENDING STATE | | | | | | | | |
| ETHNIC GROUP: White Hispanic  Black Amer. Indian/Alaskan Native  Other | | | | | | | | | DATE OF BIRTH | | | AGE | |
| **PROPOSED PLACEMENT RESOURCE** | | | | | | | | | | | | | |
| NAME | | | | SOCIAL SECURITY NUMBER | | | | | HOME TELEPHONE NUMBER | | | | |
| ADDRESS | | | | | | | | | OTHER TELEPHONE NUMBER | | | | |
| MARITAL STATUS  Married  Single  Divorced  Widowed  Separated | | NAME OF CARETAKERS SPOUSE (or other adult household members, if applicable) | | | | | | | | | | | |
| LENGTH OF RELATIONSHIP | | | | | | SOCIAL SECURITY NUMBER | | | | | |
| NUMBER OF MEMBERS IN HOUSEHOLD | | RELATIONSHIP TO PROPOSED CARETAKER | | | | | | | | | | | |
| EMPLOYERS NAME AND ADDRESS | | | | | | | | | | | WORK TELEPHONE NUMBER | | |
| SPOUSE’S EMPLOYERS NAME AND ADDRESS | | | | | | | | | | | WORK TELEPHONE NUMBER | | |
| RELATIONSHIP OF PROPOSED CARETAKER TO CHILD(REN) TO BE PLACED: | | | | | | | | | | | | | |
| REASON FOR WANTING TO CARE FOR CHILD(REN): | | | | | | | | | | | | | |
| DATES OF TELEPHONE CONTACT | | | | | | | | | | | | | |
| DATES OF HOME VISITS | | | | | | | | | | | | | |
| HOW DID PROPOSED RESOURCE HEAR ABOUT CHILD (REN)’S SITUATION? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| PROPOSED RESOURCE’S UNDERSTANDING OF THE SITUATION WHICH CAUSED THIS REQUEST? | | | | | | | | | | | | | | |
| ABILITY TO PROTECT CHILD(REN) FROM OFFENDER, IF NECESSARY: | | | | | | | | | | | | | | |
| WILLINGNESS TO PROVIDE CARE (TIME LIMITED?) (OPEN ENDED?) | | | | | | | | | | | | | | |
| APPROPRIATENESS OF CHILD CARE PLANS: | | | | | | | | | | | | | | |
| FORMS OF DISCIPLINE:  Signed Agency Discipline Policy:  Yes  No | | | | | | | | | | | | | | |
| **YOU MUST SUBMIT INCOME VERIFICATION** | | | | | | | | | | | | | | |
| INCOME  $       CHECK ONE:  YEARLY  MONTHLY BIWEEKLY  WEEKLY | | | | | | | | | | | | | | |
| HEAD OF HOUSEHOLD (NAME ON RENT RECIEPTS, UTILITY BILLS, ETC.) | | | | | | | | | | | | | | |
| IS PRESENT INCOME ADEQUATE FOR THE ADDITION OF CHILD(REN)? YES  NO | | | | | | | | | | | | | | |
| WILLINGNESS (ABILITY) TO CARE FOR CHILD WITHOUT FINANCIAL HELP? | | | | | | | | | | YES  NO | | | | |
| WILLINGNESS TO ACCEPT/APPLY FOR PUBLIC ASSISTANCE (TANF/ FOODSTAMPS)? | | | | | | | | | | YES  NO | | | | |
| REQUESTS FOSTER CARE BENEFITS? | | | | | | | | | | YES  NO | | | | |
| WILLINGNESS TO BECOME LICENSED IF NECESSARY? | | | | | | | | | | YES  NO | | | | |
| **SPECIAL NEEDS** | | | | | | | | | | | | | | |
| ABILITY OF CARETAKER, COMMUNITY, SCHOOLS, TO MEET CHILDREN’S SPECIAL NEEDS | | | | | | | | | | | | | | |
| **HOUSEHOLD COMPOSITION** | | | | | | | | | | | | | | |
| LIST SEPARATELY/USE ADDITIONAL SHEET TO LIST HOUSEHOLD MEMEBERS IF NEEDED | | | | | | | | | | | | | | |
| NAME (Adult) | | | AGE | | | NAME (Adult) | | | | | | | AGE | |
| RELATIONSHIP TO PROPOSED CARETAKER | | | | | | RELATIONSHIP TO PROPOSED CARETAKER | | | | | | | | |
| RELATIONSHIP TO CHILD TO BE PLACED | | | | | | RELATIONSHIP TO CHILD TO BE PLACED | | | | | | | | |
| FBI RESULTS FSCR CA/N CHECK | | | | | | FBI RESULTS FSCR CA/N CHECK | | | | | | | | |
| ATTITUDE TOWARDS PLACEMENT | | | | | | ATTITUDE TOWARDS PLACEMENT | | | | | | | | |
|  | | | | | | | | | | | | | | |
| NAME (Child) | | | AGE | | | NAME (Child) | | | | | | | AGE | |
| RELATIONSHIP TO PROPOSED CARETAKER | | | | | | RELATIONSHIP TO PROPOSED CARETAKER | | | | | | | | |
| RELATIONSHIP TO CHILD TO BE PLACED | | | | | | RELATIONSHIP TO CHILD TO BE PLACED | | | | | | | | |
| ATTITUDE TOWARDS PLACEMENT | | | | | | ATTITUDE TOWARDS PLACEMENT | | | | | | | | |
| SCHOOL PROGRESS / PROBLEMS: SCHOOL REFERENCE OBTAINED FOR EACH CHILD IN HOME? YES NO | | | | | | | | | | | | | | |
| PREVIOUS CONTACTS WITH PUBLIC /SOCIAL SERVICE AGENCIES: NO YES (IF YES PLEASE EXPLAIN BELOW) | | | | | | | | | | | | | | |
| **CLEARANCES (IN ACCORDANCE WITH RECEIVING STATE LAW)** | | | | | | | | | | | | | | |
| STATE STATUTE REQUIRES FBI FINGERPRINT SCREENINGS ON ALL ADULTS AGE 18 AND OLDER AS WELL AS CHILD ABUSE/ NEGLECT CLEARANCES. | | | | | | | | | | | | | | |
| FBI/ MO STATE HIGHWAY PATROL CLEARANCES:  Meets Eligibility  Doesn’t Meet Eligibility | | | | | | | | | | | | | | |
| CHILD ABUSE AND NEGLECT  No Record Found Record Found (explain/ list below) | | | | | | | | | | | | | | |
| FAMILY KNOWN TO PUBLIC.SOCIAL SERVICES (IF YES, PLEASE EXPLAIN) | | | | | | | | | | | | | | |
| **HEALTH** | | | | | | | | | | | | | | |
| PROPOSED CARETAKER AND OTHER FAMILY MEMBERS STATE THAT THEY ARE IN BASIC GOOD HEALTH AND FREE OF COMMUNICABLE DISEASES  YES  NO DOCTOR’S STATEMENT OBTAINED? YES NO | | | | | | | | | | | | | | |
| **HOME AND COMMUNITY** | | | | | | | | | | | | | | |
| ADEQUACY OF SPACE | | | | | | | | | | | | | | |
| WILL THE CHILD HAVE HIS/HER OWN BED?  YES  NO CLOSET SPACE?  YES NO  WILL THE CHILD SHARE A BEDROOM?  YES  NO (IF YES, LIST NAME(S) AND AGES BELOW) | | | | | | | | | | | | | | |
| WITH WHOM? | | | | | | | | | | | | | | |
| HOUSEKEEPING STANDARDS: | | | | | | | | | | | | | | |
| POTENTIAL HAZARDS OR SAFETY ISSUES: NONE FOUND SAFETY ISSUES FOUND (please explain below) | | | | | | | | | | | | | | |
| APPROPRIATENESS OF NEIGHBORHOOD | | | | | | | | | | | | | | |
| PROXIMITY TO SCHOOLS, MEDICAL SERVICES, ETC. | | | | | | | | | | | | | | |
| **AREAS OF CONCERN** | | | | | | | | | | | | | | |
| DOES WORKER VISUALIZE OR ANTICIPATE ANY POTENTIAL PROBLEM AREAS WITH THIS CASE (EXPLAIN)?  NO YES EXPLAIN BELOW: | | | | | | | | | | | | | | |
| **CASE PLAN FROM SENDING STATE** | | | | | | | | | | | | | | |
| IS THE PLACEMENT RESOURCE WILLING/ ABLE TO SUPPORT THE STATED CASE PLAN FOR CHILD(REN)? YES  NO  IF NO, EXPLAIN: | | | | | | | | | | | | | | |
| IS THE SUBMITTED CASE PLAN SUITABLE/ACCURATE FOR THIS PROPOSED PLACEMENT? YES NO  IF NO, EXPLAIN BELOW: | | | | | | | | | | | | | | |
| ARE THERE ANY RECOMMENDED CHANGES OR ADDITIONS TO THE STATED CASE PLAN OR GOAL BY WORKER?  NO YES IF YES, INDICATE BELOW | | | | | | | | | | | | | | |
| ARE THERE ANY RESTRICTIONS OR LIMITATIONS WORKER WOULD PLACE ON THE PROPOSED FAMILY, THE COURT, AND THE PLACING AGENCY?  NO YES IF YES, PLEASE EXPLAIN BELOW: | | | | | | | | | | | | | | |
| IS THE FINANCIAL/ MEDICAL PLAN FROM SENDING STATE ADEQUATE TO MEE T THE NEEDS OF CHILD(REN)?  YES  NO  IF NO, EXPLAIN BELOW: | | | | | | | | | | | | | | |
| **STUDY NARRATIVE** | | | | | | | | | | | | | | |
| DISCUSS ANY AREAS WHICH CANNOT BE ADDRESSED BY THE ABBREVIATED STUDY. | | | | | | | | | | | | | | |
| **WORKER’S RECOMMENDATIONS**  FOR PLACEMENT  AGAINST PLACEMENT IF AGAINST, EXPLAIN  COMMENTS (IF APPLICABLE) | | | | | | | | | | | | | | |

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| **REFERENCES** | |
| NAME | MADE CONTACT?  YES  NO  POSITIVE NEGATIVE |
| STREET ADDRESS | IF CONTACT NEGATIVE, EXPLAIN BELOW |
| CITY, STATE, ZIP |
| HOME TELEPHONE |
| WORK TELEPHONE |
| **REFERENCES** | |
| NAME | MADE CONTACT?  YES  NO  POSITIVE NEGATIVE |
| STREET ADDRESS | IF CONTACT NEGATIVE, EXPLAIN BELOW |
| CITY, STATE, ZIP |
| HOME TELEPHONE |
| WORK TELEPHONE |
| **REFERENCES** | |
| NAME | MADE CONTACT?  YES  NO  POSITIVE NEGATIVE |
| STREET ADDRESS | IF CONTACT NEGATIVE, EXPLAIN BELOW |
| CITY, STATE, ZIP |
| HOME TELEPHONE |
| WORK TELEPHONE |

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| --- | --- | --- | --- |
| PLEASE LIST CONDITIONS, IF ANY, FOR PLACEMENT TO OCCUR | | | |
| NAME OF WORKER (PLEASE PRINT) | | SUPERVISOR (PLEASE PRINT) | |
| SIGNATURE  ► | | SIGNATURE  ► | |
| TITLE | | TITLE | |
| DATE | TELEPHONE NUMBER | DATE | TELEPHONE NUMBER |