

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)  
SENDING STATE'S PRIORITY HOME STUDY REQUEST (CD-ICPC-101) INSTRUCTIONS**

**PURPOSE:**

Form CD-ICPC-101, Sending State Priority Home Study Request, is used to notify the receiving state that a Regulation VII, priority placement of a child is being requested. Form CD-ICPC-101 is completed with the rest of the referral packet within three (3) business days of receipt of a court order which indicates the court has determined that a priority placement situation exists.

Please refer to the *Child Welfare Manual, Section 4, Chapter 25*, for the criteria to be used in determining whether a Regulation VII, Priority referral, is appropriate.

**COPIES & DISTRIBUTION:**

This is a one page form. The original and 3 copies are sent with the referral packet to the ICPC unit in Central office. One copy should be retained and placed in the ICPC section of the child's record. One copy is retained in the ICPC generated file in Central Office, while the remaining three (3) are sent with two (2) copies of the referral packet to the receiving state. When submitting the referral packet, **please place this form on top.**

**INSTRUCTIONS FOR COMPLETION:**

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

**SECTION I – IDENTIFYING INFORMATION:**

- Enter the child's legal name, age, date of birth and ethnic group;
- Enter the name(s) of the child's legal parents – Generally, this will be the child's birth parents. However, if the child was adopted this would be the names of the adoptive parents.

**SECTION II – PROPOSED CARETAKER:**

Due to time constraints for completing a Regulation VII home study, it is essential that all available identifying information about the proposed caretaker be included in the initial request.

- Enter the name, marital status, address, phone number(s) and social security number for the proposed placement resource;
- Indicate the relationship between the child and the proposed placement resource (i.e.: parent, grandparent, aunt, uncle, sibling) and whether the relationship is a maternal or paternal relative.
- Enter the best time of day to contact the proposed placement resource;

- Enter the names of any other adults living in the home of the proposed placement resource and their employment, if applicable;
- Enter the name and address of the proposed placement resource's employer (if applicable);
- Enter alternate contact names/addresses/phone numbers for the proposed placement resource.

### SECTION III—ASSESSMENT OF CHILD:

It is important that sufficient information is provided to the receiving state worker regarding the child to be placed in order to allow for adequate assessment of the proposed placement resource's ability to care for the child.

- Indicate by checking the appropriate "yes or no" boxes if the Case Plan/(CS-1) and Financial/Medical Plan (CD-ICPC-3) are included in the referral packet;
- Court orders documenting the child is in the custody of the Children's Division or under the jurisdiction of the Juvenile Court, as well as, the order from the court for a Regulation VII/Priority Home study *must be included* in the packet;
- Special Needs -- Enter a description of all special needs (to include: medical, physical, emotional, behavioral, and/or psychological) which require attention if the child is to be successfully placed with the proposed placement resource;
- Mental/Physical Disabilities– Describe any mental and/or physical disabilities the child has which must be taken into consideration in regard to the ability of the proposed placement resource to adequately care for this child;
- Service Needs/Treatment Requirements – Enter all service needs and/or treatment requirements which must be addressed in order to achieve and maintain an acceptable placement;
- School Information – If the child is 5 years of age or older, enter pertinent school information, including the name/address of the most recent school attended, IEP in place, special classes (i.e.: Learning Disabled (LD) or Behavior Disorder (BD)). If the child is not attending school and is school age, indicate why the child has not attended school;
- Other Required Pertinent Information Regarding Child and Family Will Follow – Mark "yes" if additional information will be following;
- Worker Information – Print the name of the referring worker, contact phone number. Worker signs and dates the form.
- Supervisor's Signature – The supervisor is required to sign and date the form.

**FORMS RETENTION:**

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

MEMORANDA HISTORY: CS96-63, [CD07-44](#)