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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)****CHILD PLACEMENT STATUS REPORT** |
| **TO:** (Name and Address of Receiving Compact Administrator) | **FROM:** (Name and Address of Sending ICPC Admin.) |
|       |       |
| **SECTION I - IDENTIFYING INFORMATION:** (One child per form) |
| Child’s Name | Date of Birth |
|       |       |
| Mother’s Name | Father’s Name |
|       |       |
| **SECTION II - PLACEMENT STATUS:** |
| [ ]  Placement Request Withdrawn Date       |
| [ ]  Initial Placement With: Date Placement is to Occur:       |
| Name | Address |
|       |       |
| Type of Care: [ ]  Parent [ ]  Foster Care [ ]  Adoption |
|       [ ]  Relative [ ]  Relative Foster Care [ ]  Residential Care |
| [ ]  Placement Change Date       |
| Name | Address |
|       |       |
| Type of Care [ ]  Parent [ ]  Foster Care [ ]  Adoption |
|       [ ]  Relative [ ]  Relative Foster Care [ ]  Residential Care |
| **SECTION III – COMPACT TERMINATION:** |
| **Reason:** |
| [ ]  Adoption Finalized [ ]  In Sending State [ ]  In Receiving State *(Include 3 copies of final decree)* |
| [ ]  Child Reached Age of Majority/Legally Emancipated |
| [ ]  Legal Custody and/or Guardianship Awarded and/or Returned to: *(Include 3 copies of court order)* |
| Name | Relationship |
|       |       |
| [ ]  Treatment Completed |
| [ ]  Sending State’s Jurisdiction Terminated [ ]  Unilaterally |
| [ ]  Child Returned to Sending State |
| [ ]  Approved Resource Will Not be Used For Placement |
| [ ]  Other (Specify)       |
| Date of Termination       |
| Signature of Sending Agency or Person | Date Signed |
|  |       |
| Signature of Sending State Compact Administrator or Designee | Date Signed |
|  |       |

**PLEASE SUBMIT IN TRIPLICATE.**