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| --- | --- | --- | --- | --- |
|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’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| Placement Request Withdrawn Date | | | | |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.**