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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC) RECEIVING STATE’S PRIORITY HOME STUDY | ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATECOMPACT 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 [ ] NOWILL 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 [ ]  NOIF NO, EXPLAIN:      |
| IS THE SUBMITTED CASE PLAN SUITABLE/ACCURATE FOR THIS PROPOSED PLACEMENT? [ ] YES [ ] NOIF 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 [ ]  NOIF 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, EXPLAINCOMMENTS (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      |