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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**Case Manager Statement to Court** |
|  | IN THE |       | DIVISION |
|  | OF THE CIRCUIT COURT OF THE CITY/COUNTY OF |       |  |
| STATE OF MISSOURI |
| In re: the Matter of | ) |
|  |       |  | ) | Case No |       |  |
|  | (“Child”) |  |  |  |
|  |       |  |  |  |
|  | (Date of Birth) |  |  |  |
| **STATEMENT OF CASE MANAGER/POTENTIAL PLACEMENT/PARTY** **UNDER ICPC REGULATION 2 (regular ICPC)** |
| Pursuant to the requirements of Regulation 2, Section 5(d) of the Interstate Compact on |
| the Placement of Children (ICPC), I, |       | *{full legal name}*, |
| certify that the following information is true: |
| 1. I have communicated directly with the potential placement resource,
 |
|  |       | *{name of person with whom child to be placed}.* |
| 1. The potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.
 |
| 1. The name, correct address, available telephone number or other contact information, date of birth, and social security number of the placement resource is as follows:
 |
| 1. Name of placement resource:
 |       |  |
| 1. Address of placement resource:
 |       |  |
| 1. City/State/Zip Code:
 |       |  |
| 1. Telephone numbers/contact information:
 |       |  |
| 1. Date of birth:
 |       |  |
| 1. Social Security Number:
 |       |  |
| 1. The name, correct address, available telephone number or other contact information, date of birth, and social security number of all adults in the home is as follows:
 |
| 1. Adult 1 Name:
 |       |  |
| 1. Address of placement resource:
 |       |  |
| 1. City/State/Zip Code:
 |       |  |
| 1. Telephone numbers/contact information:
 |       |  |
| 1. Date of birth:
 |       |  |
| 1. Social Security Number:
 |       |  |
|  |  |  |
| 1. Adult 2 Name:
 |       |  |
| 1. Address of placement resource:
 |       |  |
| 1. City/State/Zip Code:
 |       |  |
| 1. Telephone numbers/contact information:
 |       |  |
| 1. Date of birth:
 |       |  |
| 1. Social Security Number:
 |       |  |
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| In the Interest of |       |  |
|  | (child’s name) |  |
| **Statement of Case Manager/Potential Placement/Party under ICPC Regulation 2** |
| 1. The number and type of rooms in the proposed residence is sufficient to accommodate the child as follows:
 |
| Number of bedrooms:       |
| Number of adults residing in the home:       |
| Number of children residing in the home, including child to be placed:       |
|  |       | *[name of person with whom child to be placed}*  |
| has or will have access to financial resources to feed, clothe, and care for the child, including child care. |
|  |       | *[name of person with whom child to be placed}*  |
| acknowledges that a criminal records and child abuse history check will be completed on any persons residing in the home to be screened under the law of the receiving state. |
| Dated: |       |  |
|  |  |  |
|  | (Signature) |  |
|  |       |  |
|  | (Titles) |  |
|  |       |  |
|  | (Printed Name) |  |
|  |       |  |
|  | (Address) |  |
|  |       |  |
|  | (City, State, Zip Code) |  |
|  |       |  |       |  |
|  | (Telephone Number) |  | (Fax Number) |  |