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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’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) | |  |