INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST FROM:

TO:

If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside. *Name(s) of Prospective Adoptive or Foster Resource: Soc. Sec # (optional): Soc. Sec # (optional):			SECTION I—IDENTIF	FYING I	DATA	
Security Number: CWA Eligible Yes No Yes No Pending American Indian or Ansaka Native Pacific Islander Pac	Notice is given of intent to p	olace—Name of Child:		Et	hnicity: Hispanic Origin:	
Yes No Q Yes No Pending American Indiano r Asian Native Havalian/Other Pacific Islandor Black or African American White Pacific Islandor					Yes No	☐ Unable to determine/unknown
Sext Gender Date of Birth: Asian Black or African American White	Social Security Number:			· · · ·	American Indian or	_
Name of Agency or Person Responsible for Planning for Child: Address: Email Address (optional):	Sex:	Gender:	Date of Birth:			☐ Black or African American
Address: Email Address (optional): Phone:	Name of Parent 1:	1		Na	ame of Parent 2:	_
Address: Email Address (optional): Email Address (optional):	Name of Agency or Person	Responsible for Planni	ng for Child:			Phone:
Email Address (optional):	Address:	Email Address (optional):				
SECTION II—PLACEMENT INFORMATION Types of Care Requested:	Name of Agency or Person	Phone:				
Types of Care Requested: Public Placement Private Placement	Address:	Email Address (optional):				
Public Placement Private Placement Subsity: IV-E Pending None Sending Agency Custody/Guardianship Parent Relative Custo			SECTION II—PLACEMEN	IT INFO	RMATION	
Public Placement Private Placement Subsidy: IV-E Non IV-E Pending None Parent Relative Custody/Guardianship Parent Re	Types of Care Requested	:				Child:
Address: Soc. Sec # (optional): Soc. Sec	<u>.</u> .				· ·	
Foster Family Home						
Group Home Care Child-Caring Institution Chi		zing in:	tate 🔲 Receiving State 🗌 Pen	nding		•
Child-Caring Institution Residential Treatment Center Institutional Care—Article VI Adjudicated Delinquent Relative (Not Parent) Relationship: Other: Name of Person(s) or Facility Child is to be placed with: Soc. Sec # (optional): Soc. Sec # (optional						
Residential Treatment Center	•					
Parent						
Institutional Care—Article VI Adjudicated Delinquent Relative (Not Parent) Relationship: Soc. Sec # (optional):		ugee Minor				
Relative (Not Parent) Relationship:					Other:	
Other: Name of Person(s) or Facility Child is to be placed with: Address: If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside. **Name(s) of Prospective Adoptive or Foster Resource: **Name(s) of Prospective Adoptive or Foster Resource: **Section III—Services Requested: **Section III—Services Requested: **Address: **Phone: **Section III—Services Requested: **Adoptive Home Study **Another Agency Agreed to Supervision **Parent Study **Pare						
Name of Person(s) or Facility Child is to be placed with: Address: If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside. *Name(s) of Prospective Adoptive or Foster Resource: Soc. Sec # (optional): *Name(s) of Prospective Adoptive or Foster Resource: Soc. Sec # (optional): Soc. Sec # (optional):		elationship:				
Address: If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside. *Name(s) of Prospective Adoptive or Foster Resource: *Name(s) of Prospective Adoptive or Foster Resource: **Section III—SERVICES REQUESTED* Initial Report Requested (if applicable): Adoptive Home Study Request Receiving State to Arrange Supervision Semi-Annually Quarterly Another Agency Agreed to Supervise Quarterly Monthly Other Other: Relative Home Study Other Financial/Medical Plan Other Enclosures Other IV-E Eligibility Documentation Signature of Sending State Compact Administrator, Deputy, or Alternate: Supervisory Reports Requested: Supervisory Reports Requested: Quarterly Quarterly Other:	☐ Other:					
Address: Phone: Phone:	Name of Person(s) or Facility					
identify the foster or adoptive resource where the child will reside. *Name(s) of Prospective Adoptive or Foster Resource: Soc. Sec # (optional): Supervisory Reports Requested: Supervisory Reports Requested:	Address:					
*Name(s) of Prospective Adoptive or Foster Resource: Address: Soc. Sec # (optional): Phone: SecTION III—SERVICES REQUESTED Initial Report Requested (if applicable): Adoptive Home Study Request Receiving State to Arrange Supervision Semi-Annually Foster Home Study Another Agency Agreed to Supervise Quarterly Parent Study Sending Agency to Supervise Other: Name and Address of Supervising Agency in Receiving State: Enclosed: Child's Social History Court Order Financial/Medical Plan Other Enclosures Home Study of Placement Resource ICWA Enclosure IV-E Eligibility Documentation Signature of Sending Agency or Person: Date: Signature of Sending State Compact Administrator, Deputy, or Alternate: Date: SecTION IV—ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC Placement may be made Placement shall not be made Request Resource Placement shall not be made Placement shall not be made Placement shall not be made Placement shall not be made SecTION IV—ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC Placement shall not be made Placement shall not be made Placement shall not be made Placement shall not be made Placement shall not be made Placement shall not be made Placement shall not be made Placement shall not				reatmer	t facility (RTF), please	1
Address: Phone:						
Initial Report Requested (if applicable): Adoptive Home Study Request Receiving State to Arrange Supervision Semi-Annually Another Agency Agreed to Supervise Sending Agency to Supervise Name and Address of Supervising Agency in Receiving State: Court Order	Address:	, , , ,				
Initial Report Requested (if applicable): Adoptive Home Study						
Adoptive Home Study			SECTION III—SERVICES	S REQ	JESTED	
Foster Home Study						1
Parent Study					• .	_
Relative Home Study Other	•				· _ ·	
Name and Address of Supervising Agency in Receiving State: Child's Social History	•		☐ Sending Agency to Supe	ervise		· ·
Enclosed: Child's Social History Court Order Financial/Medical Plan Other Enclosures IV-E Eligibility Documentation Signature of Sending Agency or Person: Date: Signature of Sending State Compact Administrator, Deputy, or Alternate: Date: SECTION IV—ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC Placement may be made Remarks:	☐ Relative Home Study		Other			☐ Other:
□ Home Study of Placement Resource □ ICWA Enclosure □ IV-E Eligibility Documentation Signature of Sending Agency or Person: □ Date: Signature of Sending State Compact Administrator, Deputy, or Alternate: □ Date: SECTION IV—ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC □ Placement may be made Remarks: □ Placement shall not be made	Name and Address of Supe	ervising Agency in Rece	eiving State:			
Signature of Sending Agency or Person: Date: Signature of Sending State Compact Administrator, Deputy, or Alternate: Date: SECTION IV—ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC Placement may be made Remarks:		-	_		_	-
Signature of Sending State Compact Administrator, Deputy, or Alternate: Date: SECTION IV—ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC Placement may be made Remarks:			source	ure	☐ IV-E Eligibility Do	
SECTION IV—ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC Placement may be made Remarks:			Donate an Alternate			
☐ Placement may be made Remarks: ☐ Placement shall not be made	Signature of Sending State	•				
Remarks:		SECTION IV—A	CTION BY RECEIVING STATE I	PURSU		
	•	le			☐ Placement shall not be	e made
						Date

DISTRIBUTION: See 100A Instructions