



**Department of Human Services  
Division of Children and Family Services**

**- ICPC COVER LETTER -**

**TO:** ICPC Central Office, Donaghey Plaza South  
700 Main St., P.O. Box 1437, Slot S567  
Little Rock, AR 72201

**Explain why and what type of evaluation is needed for the proposed placement or home:**

**Clarify legal status and Court or DCFS plans:**

**Clarify discrepancies in the request and explain missing documents, if applicable:**

**Clarify financial planning and IV-E eligibility (foster care payments, adoption subsidies, Medicaid coverage, etc.):**

**Worker Name:** \_\_\_\_\_

**ICPC Liaison Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORKER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_