



**Department of Human Services
Division of Children and Family Services
ICPC CUSTODY PLACEMENT HOME STUDY REQUEST CHECKLIST**

EACH HOME STUDY REQUEST MUST CONTAIN THE FOLLOWING ITEMS	
<input type="checkbox"/>	Cover Letter (CFS-6092-COVER LETTER) to explain the placement plans.
<input type="checkbox"/>	Case Manager Statement (Reg 2 or Reg 7)
<input type="checkbox"/>	FIVE copies of ICPC 100A completed, signed, and dated. Be sure to specify county.
<input type="checkbox"/>	Court Order (most recent) showing custody of the child or current jurisdiction (i.e. adjudication order, recent review order).
<input type="checkbox"/>	If the case is Court Jurisdiction (children are not in DHS custody)—Judge must sign the ICPC 100A
<input type="checkbox"/>	Termination of Parental Rights (TPR) for an adoptive home study
<input type="checkbox"/>	A Regulation 7 Court Order must indicate at least one of the following: <ul style="list-style-type: none"> ❖ Child is younger than four years of age, including older siblings sought to be placed in the same proposed placement; ❖ Child is an emergency placement; ❖ Child has a substantial relationship with the proposed placement resource; or, ❖ An unexpected dependency due to a sudden or recent incarceration, incapacitation, or death of a parent/ guardian. Eligible: Class of persons to whom Regulation 7 would be applicable includes: Parents, Stepparents, Grandparents, Adult Brothers/Sisters, Adult Aunts/Uncles, or Guardian Ineligible: Great Grandparents, Great Aunts/Uncles, Adult Stepbrothers/Stepsisters, Cousins, anyone not listed above
<input type="checkbox"/>	ICPC 101 Priority Home Study Request
<input type="checkbox"/>	Current Case Plan (CFS-6010) should be signed
<input type="checkbox"/>	Social Summary (CFS-6092-S-SOCIAL SUMMARY) or Adoption Summary if requesting a pre-adoptive placement
<input type="checkbox"/>	Medical Record/Report of child (PACE evaluation, if applicable) including Immunization Record
<input type="checkbox"/>	School Record/Report of child from the past three years (if applicable)
<input type="checkbox"/>	Psychological Evaluation/Report and Counseling Report of the child (if applicable)
<input type="checkbox"/>	Financial/Medical Plan (CFS-592) for child
<input type="checkbox"/>	IV-E Eligibility form for child (Print screen of CHRIS Foster Care Determination Window) Financial arrangements should always be discussed with the prospective placement resource before the home study is requested. If a board payment is needed, a foster home study must be requested.
<input type="checkbox"/>	FEDERAL LAW NOW REQUIRES PROOF OF CITIZENSHIP, PROOF OF IDENTITY AND IV-E DOCUMENTATION FOR ANY CHILD WHOSE CASE PLAN INCLUDES RECEIVING MEDICAID SERVICES DUE TO IV-E ELIGIBILITY.
<input type="checkbox"/>	Proof of Citizenship - U.S. Birth Certificate or other birth records. If birth records are not available, you can ask if the client has any other citizenship-related documents such as those listed in Sections 6700, 6703, & 6705 of the following link: http://www.arkansas.gov/dhs/webpolicy/Medical%20Services/MS%206700.htm
<input type="checkbox"/>	Proof of Identity - A Social Security Card, completed application for a duplicate card, or school ID with photo (Per DCFS Eligibility Unit, federal authority will determine other acceptable documents of a child's identity "at a later date")
<input type="checkbox"/>	Photo of Child or Children - This is not required, but is strongly suggested
<input type="checkbox"/>	<p style="text-align: center;">Submit THREE copies of all documents (include FIVE copies of ICPC100A) to your ICPC Area Liaison, County Supervisor, or Adoption Supervisor as appropriate.</p> <p style="text-align: center;">Regulation 7 Requests should always be sent by FedEx Overnight to the following address: ICPC Unit, Donaghey Plaza South, 700 Main St., P.O. Box 1437, Slot S567, Little Rock, AR 72201 or emailed to calvin.wilbon@dhs.arkansas.gov AND laura.wilsonvoss@dhs.arkansas.gov.</p> <p>WORKER SIGNATURE _____ DATE _____</p> <p>ICPC LIAISON SIGNATURE _____ DATE _____</p>