

COUNTY, ARKANSAS

Case No.:

Division:

CHILD'S NAME

DOB:

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,

certify that the following information is true:

1. I have communicated directly with the potential placement resource.
2. The potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.
3. The name, correct address, available phone number or other contact information, date of birth, and social security number of the placement resource is as follows:

Name of placement resource

Address of placement resource

City/State/Zip Code

Phone number/contact info

Date of Birth

Social Security Number

4. The name, correct address, available phone number or other contact information, date of birth, and social security number of other adults in the home is as follows:

Name of adult

Address of placement resource

City/State/Zip Code

Phone numbers/contact info

Date of Birth

Social Security Number

5. The number and type of rooms in the proposed residence is sufficient to accommodate the child(ren) as follows:

Number of bedrooms:

Number of other rooms in the home:

Number of adults residing in the home:

Number of children residing in the home, including child to be placed:

- 6.

(name of person with whom child(ren) to be placed)

has or will access financial resources to feed, clothe, and care for the child(ren).

7. If the child(ren) needs child care, it will be provided as follows:

N/A

- 8.

(name of person with whom child(ren) 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 and that, to the best knowledge of the placement resource, no one residing in the home has a criminal or child abuse history that would prohibit the placement.

Date:

Signature:

Printed Name:

Title:

County:

Address:

Phone:

Fax:

Email: