ICPC 100A
REV. 8/2001

One form per child
Please type

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO: **FROM:**

SECTION I - IDENTIFYING DATA

Notice is given of intent to place - Name of Child:

Social Security Number:

ICWA Eligible ☐ Yes ☐ No

Sex: | Date of Birth | Title IV-E determination ☐ Yes ☐ No ☐

Ethnicity: ☐ Yes ☐ No ☐ Unable to

Race:
☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian/ Other Pacific Islander
☐ Black or African American
☐ White

Name of Mother:

Name of Father:

Name of Agency or Person Responsible for Planning for Child:

Phone:

Address:

Name of Agency or Person Financially Responsible for Child:

Phone:

Address:

SECTION II - PLACEMENT INFORMATION

Name of Person(s) or Facility Child is to be placed with:

Soc. Sec# (opt)
Soc Sec # (opt):

Address:

Phone:

Type of Care

☐ Foster Family
☐ Group Home Care
☐ Child Caring
☐ Residential Treatment
☐ Institutional Care-Article Adjudicated Delinquent
☐ Parent
☐ Relative (Not Parent) Relationship:
☐ Other:

☐ ADOPTION
☐ IV-E Subsidy
☐ Non IV-E Subsidy
To Be Finalized In:
☐ Sending State
☐ Receiving State

Current Legal Status of Child:

☐ Sending Agency Custody/Guardianship
☐ Parent Relative Custody/Guardianship
☐ Court Jurisdiction Only
☐ Protective Supervision
☐ Parental Rights Terminated-Right to Place for Adoption
☐ Unaccompanied Refugee Minor
☐ Other:

SECTION III - SERVICES REQUESTED

Initial Report Requested (if
☐ Parent Home Study
☐ Relative Home Study
☐ Adoptive Home Study
☐ Foster Home Study

Supervisory Services Requested:
☐ Request Receiving State to Arrange
☐ Another Agency Agreed to Supervise
☐ Sending Agency to Supervise

Supervisory Reports
☐ Quarterly
☐ Semi-Annually
☐ Upon Request
☐ Other:

Name and Address of Supervising Agency in Receiving State:

Enclose
☐ Child's Social History
☐ Home Study of Placement
☐ Court Order
☐ ICWA
☐ Financial/Medical Plan
☐ IV-E Eligibility Documentation
☐ Other

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

REMARKS:

Signature of Receiving State Compact Administrator, Deputy or Alternate:

Date:

DISTRIBUTION (Complete six (6) copies):
- Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.