ASSOCIATION OF ADMINISTRATORS OF THE INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

ICPC-101
August 1996

SENDING STATE
PRIORITY HOME STUDY REQUEST

To be submitted by Social Worker with other required ICPC materials

Name of Child[1] to be placed _____ Age _____ Mother's Name _____

Ethnic Group _____ DOB _____ Father's Name _____

PROPOSED CARETAKER

NAME _____ Marital Status: S ☐, M☐, Sep☐, D☐, W☐
Living with _____
(name of person)

ADDRESS: _____

Telephone Home #: _____ Work #: _____ Social Security # _____

Relationship to child identified above: _____

Best time of day to contact caretaker: _____ Employer _____
(if applicable)

Alternate Contact Name & Address: _____

_____

ASSESSMENT OF CHILD

Case Plan Attached: yes☐ no☐ Financial/ Medical Plan attached: yes☐ no☐

Special Needs: _____

_____

Handicaps: Mental/Physical _____

_____

Service Needs/Treatment Requirements: _____

_____

School Information: _____

Other required pertinent information regarding child and family will follow: yes☐ no☐

Worker's Name _____ _____
(please print) **(Tel. #)**

Worker's Signature _____ _____
(date)

Supervisor's Name _____ _____
(please print) **(Tel. #)**

Supervisor's Signature _____ _____
(if required) **(date)**

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[1] If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.