

ICPC 100-A: INTERSTATE COMPACT PLACEMENT REQUEST INSTRUCTIONS

PURPOSE

This form is initiated by the local sending agency to request a home study and/or approval to place a child in another state. It provides relevant information regarding the placement.

INSTRUCTIONS

To and From Sections - Completed in the Interstate Compact Unit.

Section I - Identifying Data - The local sending agency completes this section including zip codes with the addresses.

1. Ethnic Group: Use the following codes for each ethnic group: W-White, H-Hispanic, B-Black, A-Asian; or Pacific Islander; AI-American Indian or Alaskan Native; OT-all other race/ethnic categories: UK-unknown.
2. Name of Agency of Person Responsible for Planning for Child. Fill in the name, address, and telephone number of the agency, person, court, institution, child-caring facility, or other entity who is financially responsible for the sending or returning of the child. (This cannot be a person in another state--it must be an Arkansas person or agency). *For all children in Arkansas Department of Human Services' custody regardless of which county they are from, fill in Arkansas Department of Human Services, P.O. Box 1437, Little Rock, Arkansas 72203.

Section II - Placement Information - The local sending agency completes this section indicating the name, address, and telephone number of the person or facility with whom the child will be placed.

1. Type of Care: Fill in the type of placement in the receiving state, with pertinent information on Adoptive placements.
2. Legal Status: Check the appropriate box to indicate the legal status of the child in Arkansas.

Section III - Services Requested - The local agency completes this section.

1. Initial Report: Check the appropriate box to indicate the type of home study being requested.
2. Supervisory Services: Check the appropriate box to indicate who will provide follow-up supervision in the receiving state. If the name/address of the receiving agency is known in the other state, fill in that information.
3. Supervisory Reports: Indicate how often progress reports will be needed.
4. Enclosed:
 - a. Child's Social History: Check this box to indicate that background material has been included.
 - b. Court Order: Check this box to indicate that court order(s) have been included.
 - c. Home Study of Placement Resources: Check this box when a home study has already been obtained from the receiving state and a copy is enclosed.
 - d. Other Enclosures: Check this box if other information is included.
5. Signature of Sending Agency or Person: Signed and dated by the person who is legally responsible for the child (such as; social worker, judge, private agency representative, or individual).
6. Signature of Sending State Compact Administrator or Alternate: Completed in the Arkansas Interstate Compact Unit.

Section IV - Action By Receiving State - Completed in the receiving state.