

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:

FROM:

SECTION I IDENTIFYING DATA

Notice is given of intent to place - Name of Child:			Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number:		ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Sex:	Date of Birth	Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		
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:				

Name of Person(s) or Facility Child is to be placed with:	Soc Sec # (optional):
	Soc Sec # (optional):
Address:	Phone:

Type of Care Requested:		<input type="checkbox"/> Parent	<input type="checkbox"/> ADOPTION
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Relative (Not Parent)	<input type="checkbox"/> IV-E Subsidy
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI,	Relationship: _____	<input type="checkbox"/> Non IV-E Subsidy
<input type="checkbox"/> Child Caring Institution	Adjudicated Delinquent	<input type="checkbox"/> Other: _____	To Be Finalized In:
			<input type="checkbox"/> Sending State
			<input type="checkbox"/> Receiving State

Current Legal Status of Child:		<input type="checkbox"/> Protective Supervision
<input type="checkbox"/> Sending Agency Custody/Guardianship	<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption	
<input type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Unaccompanied Refugee Minor	
<input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Other:	

Initial Report Requested (if applicable):	Supervisory Services Requested:	Supervisory Reports Requested:
<input type="checkbox"/> Parent Home Study	<input type="checkbox"/> Request Receiving State to Arrange Supervision	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Relative Home Study	<input type="checkbox"/> Another Agency Agreed to Supervise	<input type="checkbox"/> Semi-Annually
<input type="checkbox"/> Adoptive Home Study	<input type="checkbox"/> Sending Agency to Supervise	<input type="checkbox"/> Upon Request
<input type="checkbox"/> Foster Home Study		<input type="checkbox"/> Other:

Name and Address of Supervising Agency in Receiving State:

Enclosed: Child's Social History Court Order Financial/Medical Plan Other Enclosures
 Home Study of Placement Resource ICWA Enclosure IV-E Eligibility Documentation

Signature of Sending Agency or Person: _____ Date: _____

Signature of Sending State Compact Administrator, Deputy or Alternate: _____ Date: _____

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.