INSTRUCTIONS FOR USE OF FORM
Interstate Compact on the Placement of Children (ICPC)
Sending Agency's Case Manager Signed Statement
ICPC Regulation No. 2

PURPOSE: Per Regulation No. 2, Section 5(d) of the ICPC, a signed statement from the sending agency case manager is required. The statement ensures the local agency has been in contact with the potential placement and has confirmed s/he is interested in being a resource for the child and is willing to cooperate with the ICPC process. The form, once completed, is submitted with the ICPC-100A, along with other ICPC referral materials.

1. **Date of Contact:** Enter the date or dates when the assigned Social/Case Worker had direct communication with the proposed placement resource. *Example: MM/DD/YY*

2. **Name of Child(ren) to be Placed/DOB:** Identify the child or children involved in the referral by full name (as noted on the child's birth certificate), and date of birth (as listed on the child's birth certificate).

3. **Name/Address/Telephone of the Proposed Resource:** Provide the name(s) of the proposed resource(s) in this referral, and his/her date(s) of birth. Provide the physical and mailing address(es) and any contact telephone numbers. Optional: SSN.

4. **Verification of Information Provided Above and on the ICPC 100A:** Verified as accurate. *Example: Check Yes or No*

5. **The Proposed Placement Resource Confirms:**

a) Is interested in being a placement for the child/children and is willing to cooperate with the ICPC process. *Example: Check Yes or No*

b) Acknowledges preliminary discussion regarding medical/financial support available to feed, clothe and care for the child/children if placed as well as provision of child care and school tuition if applicable. *Example: Check Yes or No*.

c) Acknowledges discussion regarding potential public and private resources available for such as documented on the ICPC Medical/Financial Plan. *Example: Check Yes or No*

d) States the number and type of rooms in the residence:

- Total number of rooms: *Example: 5*
- Number of bedrooms: *Example: 2*
- Number of bathrooms: *Example: 1.5*

e) Confirms and identifies the number of people, including children, who are currently residing in the home by name and characteristics. If none, type *"No other residents in the home"*

f) Acknowledges that a criminal records and child abuse history check will be completed on any person residing in the home as required to be screened under the law of the receiving state and that to the best of his/her knowledge, no one residing in the home has a criminal history or child abuse history that would prohibit the placement. *Example: Check Yes or No*

6. **Signatures:** Signature/date of Social/Case Service Worker and Supervisor (if required); include Title, Address Telephone and E-mail Address.

Association of Administrators of
The Interstate Compact on the Placement of Children
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To be submitted by Case/Social Worker with other required ICPC materials

1. Pursuant to the requirement of Regulation No. 2, Section 5(d) of the Interstate Compact on the Placement of Children (ICPC), the following information regarding the proposed placement resource for the identified child(ren) is certified as true based on my direct communication with the proposed placement resource on _____ (date of contact).

2.

Name(s) of Child(ren) to be Placed	Date(s) of Birth	Name(s) of Child(ren) to be Placed	Date(s) of Birth

3.

Name(s) of Proposed Resource	Date(s) of Birth	Social Security Number(s) (optional)

Address _____ State AK Zip Code _____

Telephone numbers: Home: (_____)_____ Work: (_____)_____ Cell: (_____)_____

4. The proposed placement resource confirms the information provided above is true; name, address, available telephone number or other contact information. ☐ Yes ☐ No

5. The proposed placement resource:
   a. Is interested in being a placement for the child(ren) and is willing to cooperate with the ICPC process. ☐ Yes ☐ No
   b. Acknowledges preliminary discussion regarding medical/financial support available to feed, clothes and care for the child(ren) if placed as well as provision of child care and school tuition if applicable. ☐ Yes ☐ No
   c. Acknowledges discussion regarding potential public and private resources available for such as documented on the ICPC Medical/Financial Plan. ☐ Yes ☐ No
   d. State the number of bedrooms in the residence: _____
   e. Confirms and identifies the number of adults and children who are currently residing in the home by name, date of birth and social security number:

Name(s) of Others in the Home	Date(s) of Birth (optional)	Social Security Number(s) (optional)

   f. Acknowledges that a criminal records and child abuse history check will be completed on any person residing in the home as required to be screened under the law of the receiving state and that to the best of his/her knowledge, no one residing in the home has a criminal history of child abuse history that would prohibit the placement. ☐ Yes ☐ No

6. As certified by my signature, I am unaware of any fact that would summarily prohibit initiating the referral for the proposed placement of the above child(ren) with the identified resource at this time. All required referral documentation has been completed and is ready to be submitted to the Sending Agency Compact Office for processing.

Worker's Name/Title: _____ (_____) _____
(please type or print) *(telephone number)*

Worker's Signature: _____ _____
(date)

Email Address: _____

Supervisor's Name/Title: _____ (_____) _____
(if required, please type or print) *(telephone number)*

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