ICPC 100A
REV. 05/2019; EFF. 01/2020

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:

Ethnicity: Hispanic Origin:
☐ Yes ☐ No ☐ Unable to determine/unknown

Social Security Number: | ICWA Eligible ☐ Yes ☐ No | Title IV-E Eligible ☐ Yes ☐ No ☐ Pending

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

Sex: | Gender: | Date of Birth:

Name of Parent 1: | Name of Parent 2:

Name of Agency or Person Responsible for Planning for Child: | Phone:

Address: | Email Address (optional):

Name of Agency or Person Financially Responsible for Child: | Phone:

Address: | Email Address (optional):

SECTION II PLACEMENT INFORMATION

Types of Care Requested:
☐ Public Placement ☐ Private Placement
Subsidy: ☐ IV-E ☐ Non IV-E ☐ Pending ☐ None
☐ Adoptive Home: Finalizing in: ☐ Sending State ☐ Receiving State ☐ Pending
☐ Foster Family Home
☐ Group Home Care
☐ Child-Caring Institution
☐ Residential Treatment Center
☐ Parent
☐ Institutional Care—Article VI Adjudicated Delinquent
☐ Relative (Not Parent) Relationship: _____
☐ Other: _____

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:

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

Address: | Phone:

If placement is with an agency (e.g., adoption, public, etc.) other than a residential treatment facility (RTF), please identify the foster or adoptive resource where the child will reside.

***Name(s) of Prospective Adoptive or Foster Resource:** | Soc. Sec # (optional): Soc. Sec # (optional):

Address: | Phone:

SECTION III—SERVICES REQUESTED

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

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

Supervisory Reports Requested:
☐ Semi-Annually
☐ Quarterly
☐ Monthly
☐ 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:

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: See 100A Instructions