

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected, by contacting the person or unit to whom you submitted this form."

TO: (Other State)	FROM: Texas Department of Family and Protective Service Texas Interstate Compact Office P.O. Box 149030 Austin, Texas 78714-9030
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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"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <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	
Parent 1:		Parent 2:	
Name Of Agency Or Person Responsible For Planning For Child:		Telephone No:	
Address:			
Name Of Agency Or Person Financially Responsible For Child:		Telephone No:	
Address:			

SECTION II - PLACEMENT INFORMATION

Name Of Persons Or Facility Child Is To Be Placed With:		Telephone No:	
Address:			
TYPE OF CARE <input type="checkbox"/> Foster Family Care	<input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Child-caring Institution	<input type="checkbox"/> Parent <input type="checkbox"/> Relative (Not Parent) - Relationship:	<input type="checkbox"/> Adoption <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy To be completed in: To Be Finalized In: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care Article (VI)	<input type="checkbox"/> Other: _____	
LEGAL STATUS			
<input type="checkbox"/> Sending Agency Custody / Guardianship <input type="checkbox"/> Parent Relative Custody / Guardianship <input type="checkbox"/> Court Jurisdiction Only		<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other:	

SECTION III - SERVICES REQUESTED

Initial Report (if applicable): <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	Supervisory Services: <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other:
NAME AND ADDRESS OF SUPERVISING AGENCY IN RECEIVING STATE:		<input type="checkbox"/> Unknown
ENCLOSED		
<input type="checkbox"/> Child's Social History <input type="checkbox"/> Home Study of Placement Resource	<input type="checkbox"/> Court Order <input type="checkbox"/> Other Enclosures	
SIGNATURE OF SENDING AGENCY OR PERSON		DATE SIGNED
SIGNATURE OF SENDING STATE COMPACT ADMINISTRATOR OR ALTERNATE		DATE SIGNED

SECTION IV - ACTION BY RECEIVING STATE

<input type="checkbox"/> Placement May Be Made <input type="checkbox"/> Placement Shall Not Be Made	REMARKS
SIGNATURE OF RECEIVING STATE COMPACT ADMINISTRATOR OR ALTERNATE	DATE SIGNED

DISTRIBUTION

DFPS caseworker retains one (1) copy
TICO retains one (1) copy