Texas Dept of Family and Protective Services

INTERSTATE COMPACT PLACEMENT STATUS REPORT

Form ICPC 100-B
August 2009

TO STATE: **FROM STATE:**

IDENTIFYING INFORMATION

Child's Name	Date of Birth
Mother's Name	Father's Name
Name of Placement Resource	

PLACEMENT STATUS

☐ Placement Request Withdrawn ..... Date Withdrawn

☐ Initial Placement With:

Date of Placement	Name	Type of Care
Address		

☐ Placement Change

Date of Placement	Name ☐	Type of Care ☐
Address ☐		

COMPACT TERMINATION

☐ Adoption Finalized: ☐ In Sending State ☐ In Receiving State

☐ Child Reached Majority/Legally Emancipated

☐ Legal Custody and/or Guardianship Awarded and/or Returned To: Name | Relationship

☐ Treatment Completed

☐ Sending State's Jurisdiction Terminated: ☐ Unilaterally

☐ Child Returned to Sending State

☐ Approved Resource Will Not Be Used for Placement

☐ Other (specify):

Date of Termination

DISTRIBUTION

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

Signature -- DFPS caseworker Date

Signature -- Reporting Compact Administrator or Alternate Date