



# INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST - ICPC 100A

DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 965 (Rev. 5-2005)

**ONE FORM PER CHILD  
PLEASE TYPE**

To	From
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### SECTION I - IDENTIFYING DATA

Notice is Given of Intent to Place-Name of Child				Ethnicity: Hispanic Origin:    Yes    No    Unable to Determine/Unknown Race:			
Social Security Number		ICWA Eligible    Yes    No		Asian                      Native Hawaiian/Other Pacific Islander		White                      Black or African American	
Sex    F    M	Date of Birth	Title IV-E Determination    Yes    No    Pending		American Indian or Alaskan Native			
Name of Mother				Name of Father			
Name of Agency or Person Responsible for Planning for Child						Telephone Number	
Address				City		State	Zip Code
Name of Agency or Person Financially Responsible for Child						Telephone Number	
Address				City		State	Zip Code

### SECTION II - PLACEMENT INFORMATION

Name of Person(s) or Facility Child is to be Placed With					Soc. Sec. # (optional) Soc. Sec. # (optional)		
Address		City		State	Zip Code		Telephone Number
<b>Type of Care Requested:</b>				ADOPTION			
Foster Family Home		Residential Treatment Center		Relative (Not Parent)		IV-E Subsidy              Non IV-E Subsidy	
Group Home Care		Institutional Care - Article VI,		Relationship: _____		To Be Finalized In:	
Child Care Institution		Adjudicated Delinquent Parent		Other _____		Sending State              Receiving State	
<b>Current Legal Status of Child:</b>							
Sending Agency Custody/Guardianship		Court Jurisdiction Only		Parental Rights Terminated - Right to Place for Adoption		Other:	
Parent Relative Custody/Guardianship		Protective Supervision		Unaccompanied Refugee Minor			

### SECTION III - SERVICES REQUESTED

<b>Initial Report Requested (if applicable):</b>		<b>Supervisory Services Requested:</b>		<b>Supervisory Reports Requested:</b>	
Parent Home Study		Request Receiving State to Arrange Supervision		Quarterly	
Relative Home Study		Another Agency Agreed to Supervise		Semi-Annually	
Adoptive Home Study		Sending Agency to Supervise		Upon Request	
Foster Home Study				Other:	
Name and Address of Supervising Agency in Receiving State					
<b>Enclosed:</b>					
Child's Social History		Court Order		Financial/Medical Plan	
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		<b>REMARKS:</b>	
Placement Shall Not Be Made			
Signature of Receiving State Compact Administrator, Deputy or Alternate			Date

**DISTRIBUTION (Complete six (6) copies):**

- \* Sending Agency retains one (1) copy and forwards completed original plus four (4) copies to:
- \* Sending Compact Administrator, DCA, or alternate retains one (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 one (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.