ICPC-100A (Rev. 8/2001)

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

Race: ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ White

Sex:

Date of Birth

Title IV-E determination: ☐ Yes ☐ No ☐ Pending

Name of Mother:

Name of Father:

Name of Agency or Person Responsible for Planning for Child:

Phone Number:

Address:

Name of Agency or Person Financially Responsible for Child:

Phone Number:

Address:

SECTION II – PLACEMENT INFORMATION

Name of Person(s) or Facility Child is to be placed with:

Soc. Sec. No. (optional):
Soc. Sec. No. (optional):

Address:

Phone Number:

Type of Care Requested:

☐ Foster Family Home
☐ Group Home Care
☐ Child Caring Institution
☐ Residential Treatment Center
☐ Institutional Care-Article VI, Adjudicated Delinquent
☐ Parent
☐ Relative (Not Parent) Relationship:
☐ Other:

☐ ADOPTION
☐ IV-E Subsidy
☐ Non IV-E Subsidy

To Be Finalized In:
☐ Sending State
☐ Receiving State

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:

SECTION III – SERVICES REQUESTED

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

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

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

Name and Address of Supervising Agency in Receiving State:

Enclosed:
☐ Child's Social History
☐ Home Study of Placement Resource
☐ Court Order
☐ ICWA Enclosure
☐ Financial/Medical Plan
☐ IV-E Eligibility Documentation
☐ Other Enclosures

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 (Complete six (6) copies):

- Sending Agency retains (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA or alternate retains a (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 a (1) copy to receiving agency and the completed original and one copy to sending Compact Administrator, DCA, or alternate with in 30 days.
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency

INSTRUCTIONS FOR COMPLETING FORM ICPC-100A
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

Form ICPC-100A is the sending agency's formal written notice to the receiving state of its intention to make an interstate placement and a request for finding as to whether the placement would or would not be contrary to the interests of the child. With most placements it is also a formal request for a home study. Following review by the receiving state, it is the official notification that the proposed placement may or may not be made. A favorable finding means that the placement can be made in rights and obligations set forth in the Compact, primarily those contained in Article V, Retention of Jurisdiction.

Form ICPC-100A must accompany all requests for placement to which the Compact is applicable and it should be favorably acted upon by the receiving state before any Compact placement is made.

SPECIFIC INSTRUCTIONS

In the first two blocks, enter the name and state of the ICPC administrator (or Deputy) whose state is submitting the request (FROM) and the name and state of the ICPC Administrator (or Deputy) to whom the request is being forwarded (TO).

Section I: IDENTIFYING DATA

Fill out one form per child to be placed. Enter the full legal name, Social Security Number, ICWA (Indian Child Welfare Act) eligibility*, sex, date of birth, IV-E eligibility determination, and ethnic group of the child for whom this placement is proposed. If the child is known by a nickname, place it in parenthesis beside the legal name.

Enter the names of the legal father. In most instances the legal mother and legal father will be the birth parents. In cases where an adoption has been finalized, the adoptive parents will be the legal parents. If the parent(s) is deceased, enter "deceased" after the parent's name, if parental rights have been voluntary relinquished or terminated by the court, indicate in parenthesis beside the name; if you prefer in that instance to withhold the name, simply enter the status of the parent's rights.

Enter the complete name, address, and telephone number of the agency or person who is responsible for planning for the child and who is financially responsible for the child. In most instances, these two items will be the same (the sending agency).

*An "Indian Child" means any unmarried person who is under age eighteen and is either (a) a member of an Indian tribe and is the biological child of a member of an Indian tribe.

Section II: PLACEMENT INFORMATION

Enter the full name, address, and telephone number of the person(s) or facility which whom the sending agency proposes to place the child. The social security number is optional. If the resource, e.g., Foster Family Care, is yet to be determined, leave these items blank.

Place an X in the box, which designated one of the following **Types of Care Requested**.

Foster Family Home: a foster family home is a facility providing care and guidance for a child or children not related to the caretaker for regular 24 hour care, or a certified kinship care home. A family foster home may not operate with out a license or a certificate as required by the laws of the receiving State.

Group Home Care: a resource which is licensed or approved as a group home and which provides substitute care for a fee; usually a modified family-type setting which services more children than a foster home but fewer than an institution.

Child-caring Institution: a group care facility which is licensed or approved to provide custodial care to a larger number of children than a foster home or group home.

Residential Treatment Center: a group care facility which provides a specific treatment program outside the realm of a medical hospital, psychiatric hospital or institution for the mentally retarded or mentally ill; e.g., a residential program for the treatment of alcohol/drug abuse. The receiving state is not obligated to supervise this type of placement made by the sending state.

Institutional Care (Article VI), Adjudicated Delinquent: a group care facility for adjudicated delinquent whose proposed placement is according to Article VI of the ICPC. These facilities may include group homes and residential treatment centers and may serve non-delinquents as well.

Parent(s): legal parent(s).

Relative (not parent): specify relationship, such as maternal aunt, paternal grandparents, brother, etc.

Other: specify a type of care not already listed; e.g. **Non-relative Free Home** (an unrelated family which does not require foster home licensure in the receiving state and does not need or want foster care payments), **Independent Living Arrangement** (an older teenager who is still under the jurisdiction of an agency or court but is capable of independent living without the supervision of a foster home or group home), or **Maternity Home.**

Adoption: refers to both agency and private; independent adoptive placement prior to finalization; this may refer to an initial placement with a family where adoption is the intention, or it may refer the movement of an adoptive family from State A to State B following placement. Indicate if a federally funded adoption subsidy (Title IV-E) or a state funded subsidy (non IV-E subsidy) is applicable; mark in which state the adoption is to be finalized.

Place an X in the box, which designates one of the following kinds of **Legal Status:**

Sending Agency Custody/Guardianship: child is in the full legal custody or guardianship (depending on the terminology of the state of a public agency example: a public agency may be social services, youth corrections, probation/parole, of a tribe. The sending agency may also be a licensed private child placement agency, an adoption agency, or a birthmother if allowed by state law.

Parent/Relative Custody/Guardianship: child is not under the jurisdiction of either an agency or the court but is the full legal responsibility of parent or relative; most likely to be marked when a parent/relative/or guardian wishes to place a child in one of the types of care listed on the previous page.

Court Jurisdiction Only: child is not the legal responsibility of an agency; the court has full responsibility for weighing the requested information and making eh placement decision and is, therefore, the sending agency; most likely to be marked when two or more relatives have taken a dispute over custody into court and at least one of the disputing relatives is not a parent.

Protective Supervision: a legal status crated by court order under which the child is permitted to remain in the child's home or is placed with a relative or other suitable person and the court, the department of human services or another agency designated by the court provides supervision and assistance.

Parental Rights Terminated – Right to Place for Adoption: the sending agency has accepted a voluntary relinquishment of parent rights and/or has completed court action terminating parental rights and now holds complete jurisdiction over the child with the right to place for adoption.

Unaccomplished Refugee Minor: this form is not used to report the initial placement into the United States but to request placement and services in a second state after a US agency or court has been granted full legal responsibility (custody/guardianship). Mark this block only if that is the case; also mark the Sending Agency Custody/Guardianship block. If this is an Unaccompanied Refugee Minor whose status warrants the ICPC-100A's specific to those children (not the legal responsibility of a U.S. agency or court), do not use this form.

Other: legal status is not otherwise listed; e.g., legal action, such as a petition for custody/guardianship or to terminate parental rights, is pending e.g., the child is the responsibility of the sending agency under a Voluntary Agreement with the parent or legally responsible relative and no court action has been taken or is pending to alter that family member's legal rights over the child.

Section III: SERVICES REQUESTED:

Initial Report Requested: if the proposed placement is not for a group care placement and a current home study has not yet been received, mark the box for the appropriate type of home study needed bases on the type of care indicated in Section II.

Supervisory Services Requested: place an X in one of the following boxes how Supervisory Services are to be conducted.

Request Receiving State to Arrange Supervision: mark this box if the sending agency cannot supervise and does not have a contractual or other agreement with a pre-determined agency to provide these services; it is usually the public social service agency which will be asked to provide supervision following an approved home study and subsequent placement.

Another Agency Agreed to Supervise: mark this box if the sending agency already has received the formal agreement of a pre-determined supervisory agency; most likely to be marked in agency adoptive placements where an agency in the receiving state already had provided an adoptive home study and will be providing ongoing services to the adoptive family. Do not mark this item simply because you know which county office of the public agency will receive this referral and might even have discussed the case over the telephone; that does not constitute an agreement to supervise.

Sending Agency to Supervise: mark this box if it is logistically feasible, it is the best-case plan, and the receiving state has granted the sending agency permission (which may or may not include licensure) to provide services in its state.

Supervisory Reports Requested: to be completed even thought placement may not be a certainty at this time. Indicate how frequently you wish to receive progress reports; most common is Quarterly. Be very discriminating in your use of Upon Request because that leaves the provision of supervision open-ended with no commitment to provide that service until you request it; use Other when you wish to receive reports in a less usual time frame, such as monthly or annually (specific time frame).

Name and address of Supervising Agency in Receiving State: If you know the name and address of the supervising agency, type that information onto the line so indicated. If not known by the sending agency, that information should be completed by the receiving state's Compact Office following receipt of a recommendation indicating that placement may be made.

Enclosed: Indicate which items are enclosed.

Child's Social History: should accompany the majority of referrals; include the pre-placement summary on adoption referrals and can be written with non-identifying information, if appropriate and preferred.

Home Study of Placement Resource: attach a current home study if one is not being requested; most likely to be marked if you already have an approved home study or the child is re-locating with foster parents and the foster home study is enclosed.

Court Order: all applicable court documents should be enclosed; e.g., custody/guardianship orders, surrenders, orders terminating parental rights, and orders requesting a home study for the court.

ICWA Enclosure: Obtain a letter from the child's Tribe showing that the child is a member or is eligible for membership.

Financial/Medical Plan: attach the plan of how the proposed placement will be funded and how the child/children's medical needs will be covered.

IV-E Eligibility Documentation: attach a copy of the determination or IV-E eligibility.

Other Enclosures: indicates other pertinent materials, such as psychological evaluations, permanency plan, medical reports and school reports; it is not necessary to itemize them on the form.

Signature of Sending Agency or Person: the form should be signed and dated by anyone outside of the Compact Office who is completing the form; includes a person with this authority in the county social services agency, private agency or court and any private individual or family member who is legally responsible for the child (as indicated in Section I and Section II, Legal Status, above):

The ICPC-100A must be signed and dated by the Compact Administrator, Deputy or alternate in the sending state, if the regulations of the sending state provide for transmittal of the ICPC 100A through the sending Stat's Compact Office. This is almost always the case.

Section IV: ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III (d) of ICPC: This section is completed by the Compact Administrator, Deputy, or alternate in the receiving state. The designated person reviews the proposed placement and all required information and indicates whether the placement can or cannot lawfully be made. Remarks might include conditions or reservation s to be noted or that an affirmative notice under Article III (d) is being given retroactively. The Compact Administrator, Deputy or alternate then signs and dates the form.

DISTRIBUTION:

Self-explanatory.