

INTERSTATE COMPACT PLACEMENT REQUEST**ONE ICPC 100A PER CHILD
ONE ICPC 100A PER PLACEMENT RESOURCE****DISTRIBUTION:** *Complete five copies of this form.**Sending Agency retains one copy and forwards 4 copies to: Receiving Agency Compact Administrator who indicates action (Section IV) and forwards one copy to Receiving Agency and 2 copies to Sending Agency within 30 days.*

TO:	FROM:
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SECTION I — IDENTIFYING DATA

NAME OF CHILD (NOTICE IS GIVEN OF INTENT TO PLACE.)		TITLE IV-E DETERMINATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING	SEX	DATE OF BIRTH
SOCIAL SECURITY NUMBER	ETHNICITY: HISPANIC ORIGIN: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO DETERMINE/UNKNOWN			
ICWA ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE: <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN-AMERICAN <input type="checkbox"/> WHITE			
NAME OF MOTHER		NAME OF FATHER		
NAME OF AGENCY OR PARENT RESPONSIBLE FOR PLANNING FOR CHILD			TELEPHONE NO. ()	
ADDRESS				
NAME OF AGENCY OR PARENT FINANCIALLY RESPONSIBLE FOR CHILD			TELEPHONE NO. ()	
ADDRESS				

SECTION II — PLACEMENT INFORMATION

NAME OF PERSON(S) OR FACILITY WITH WHOM CHILD IS TO BE PLACED		SOCIAL SECURITY NUMBER (OPTIONAL) 1. 2.	TELEPHONE NO. () ()
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
TYPE OF CARE <input type="checkbox"/> FOSTER FAMILY CARE <input type="checkbox"/> RESIDENTIAL TREATMENT CENTER <input type="checkbox"/> GROUP HOME CARE <input type="checkbox"/> CHILD CARING INSTITUTION <input type="checkbox"/> INSTITUTIONAL CARE ARTICLE VI, ADJUDICATED DELINQUENT		<input type="checkbox"/> PARENT <input type="checkbox"/> RELATIVE (NOT PARENT) RELATIONSHIP: _____ <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E SUBSIDY <input type="checkbox"/> NON IV-E SUBSIDY TO BE FINALIZED IN: <input type="checkbox"/> SENDING STATE <input type="checkbox"/> RECEIVING STATE	
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"/> PROTECTIVE SUPERVISION <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 REQUESTED (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: _____
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NAME AND ADDRESS OF SUPERVISING AGENCY IN RECEIVING STATE (IF KNOWN)

ENCLOSED <input type="checkbox"/> CHILD'S SOCIAL HISTORY <input type="checkbox"/> COURT ORDER <input type="checkbox"/> FINANCIAL/MEDICAL PLAN <input type="checkbox"/> OTHER ENCLOSURES <input type="checkbox"/> HOME STUDY OF PLACEMENT RESOURCE <input type="checkbox"/> IV-E ELIGIBILITY DOCUMENTATION <input type="checkbox"/> ICWA ENCLOSURE			
SIGNATURE SENDING AGENCY OR PERSON		DATE SIGNED	
SIGNATURE OF SENDING STATE COMPACT ADMINISTRATOR, LIAISON, OR ALTERNATE		DATE SIGNED	

SECTION IV — ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III (d) OF ICPC

<input type="checkbox"/> PLACEMENT MAY BE MADE <input type="checkbox"/> PLACEMENT SHALL NOT BE MADE	REMARKS:
SIGNATURE OF RECEIVING STATE COMPACT ADMINISTRATOR, DEPUTY, OR ALTERNATE	
DATE SIGNED	

INTERSTATE COMPACT PLACEMENT REQUEST INSTRUCTIONS

The ICPC 100A, a five-copy form on NCR (no carbon required) paper, is a legal document used to initiate the required pre-placement evaluation of the proposed placement resource in an ICPC member state.

INSTRUCTIONS FOR COMPLETING THE ICPC 100A (ONE ICPC 100A PER CHILD; ONE ICPC 100A PER PLACEMENT RESOURCE).

- Use a typewriter or press HARD using a ball point pen.
- Send the original and three copies of the ICPC 100A to the Receiving ICPC Compact Administrator OR AS APPROPRIATE TO the state's Adoptions Branch District Office or Delegated County Adoption Agency. INCLUDE two copies of all supporting documents and other enclosures, as well as narrative reports.
- For Independent Adoptions, send two copies of the "Statement of Intent to Place" and other supporting documents.

TOP OF THE FORM**TO**

Enter the Name and Address of the Compact Administrator in the Receiving State. As an option you may enter only the name of the state followed by ICPC; for example, OREGON ICPC.

FROM

Enter your Name, Address, and Telephone Number as the Sending Agency.

NOTE: Ensure that this information is accurate and complete as the Receiving State will forward the home study and signed ICPC 100As to this address.

SECTION I - IDENTIFYING DATA**NAME OF CHILD**

Enter child's name (as shown on the birth certificate), sex, date of birth, and ethnic group. In Independent Adoptions, if the child is not yet born, enter the last name of the birth mother followed by the term "Unborn", and the due date.

NAME OF MOTHER/FATHER

Enter full names, or when appropriate, the terms "deceased, unknown, parental rights relinquished or terminated".

NAME, ADDRESS, TELEPHONE NUMBER OF THE AGENCY OR PARENT/RELATIVE RESPONSIBLE FOR PLANNING OR FINANCIALLY RESPONSIBLE FOR THE CHILD

- For Private Parental Placements, enter the name(s), address and telephone number of the parent(s). The parent is financially responsible and is responsible for planning.
NOTE: In California, only a parent can make an independent adoptive placement.
- For All Other Placements, enter the name, address and telephone number of the agency having custody and control of the child through relinquishment or court order.

SECTION II - PLACEMENT INFORMATION

PLACEMENT RESOURCE (Name/Address/Telephone Number of the Person(s) or the Facility With Whom Child Is To Be Placed)

Enter full name, [both full names if to be placed with a couple], street address (mailing address, if different), and telephone number.

TYPE OF CARE

Check only one type of care for the appropriate care desired. If an Adoption, also check whether the Adoption is to be completed in California or in the Receiving State.

LEGAL STATUS

- For Public Social Service Agency, check "Sending Agency Custody/Guardianship or "Court Jurisdiction", as appropriate.
- For Parents or Relatives, check "Parent Relative Custody/Guardianship."
- For Public and Private Adoption Agencies, check "Parental Rights Terminated-Right to Place for Adoption."
- For All Other Requests: Check "Request the Receiving State to Arrange for Supervision".

SECTION III - SERVICES REQUESTED**INITIAL REPORT**

Check the one type of study requested, based on the one Type of Care requested above.

SUPERVISORY SERVICES

- Adoption Agencies: Check "Another Agency Agreed to Supervise" ONLY when an adoption agency in a Receiving State has been provided a copy of the home study conducted on the family while in the Sending State AND the Receiving State's agency has agreed to provide ongoing post placement services leading to finalization of the adoption.

NOTE: DO NOT CHECK this until you have an agreement to supervise.

(TURN OVER)

SUPERVISORY REPORTS

Check "Quarterly". However, if you need a different time frequency, check "Other" and specify the frequency needed, i.e., "Monthly, Semi-Annually, Upon Finalization [for Independent Adoptions], etc." NOTE: Checking "Upon Request" is not recommended as experience has shown that the Sending Agency has often overlooked/failed to initiate requests.

ATTACHMENTS

Cover Letter:

Include narrative of the following:

- The case plan
- reasons for out-of-state placement
- the services requested
- the financial/medical plan for meeting the child's subsistence and medical need if placed in the Receiving State
- list any required documents that will not be included with the initial transmittal, with an explanation and the approximate date you will forward.
- NOTE: The Receiving State has the option of returning requests without processing if all required documents are not included with the initial transmittal.

When appropriate, include

- the Federal Title IV-E verification
- the plan for educational costs, if required by the Receiving State (See ACINs I-10-84, dated January 12, 1984, and I-43-85, dated June 4, 1985)
- and the Missouri Compliance Letters if the proposed placement is in that State (See ACIN I-127-83, dated November 22, 1983.)
- other Receiving State's specific requirements.

Court Order

Enclose copies of all legal documents currently in effect that show evidence of authority to place the child, e.g., custody/guardianship orders, court orders, relinquishments, acknowledgement and waivers, orders terminating parental rights, orders from the court requesting an ICPC home study, etc. NOTE: A California Agency may institute an ICPC referral on copies of Orders of Detention; however, a placement cannot be made until a Dependency Order is forwarded to the Receiving State.

Child's Social History

Enclose reports or a description of the child's social, emotional, psychological, and medical history.

For Independent Adoptive Placements of an unborn child, enclose the social and medical history of the birth parents.

- For private parental placements, enclose a notarized statement of the Parent(s) "Intent to Place the Child" in a group home, private institution or with specifically named persons. This statement must include the complete names, street address, city, and state of the person or institution with whom the parent plans to place the child.

Child's Social History (Continued)

- For an Independent Adoption, enclose a statement of the birth parent(s) "Intent to Place the Child" (upon birth, if unborn) with specifically named persons. This statement must include the complete names and locale of the prospective adoptive parent with whom the birth parent plans to place the child. Also enclose any other required supporting documents.

Other Attachments

It is recommended that you enclose any other evaluations or reports pertinent to the proposed placement, i.e., copies of the current/prior home study if already done by the Sending or Receiving State, records pertaining to the Indian Child Welfare Act, etc.

SIGNATURE OF CALIFORNIA SENDING AGENCY OR PERSON

Sign and date the ICPC 100A as follows:

- For a parental placement in a child caring facility or institution, the Sending Agency is the parent having legal custody.
- For an Independent Adoption, the Sending Agency is the birth parent(s)
- For an Agency Adoption, the Sending Agency or person is the licensed adoption agency.
- For All Other Placements, the Sending Agency is the County Welfare or Probation Department.

SIGNATURE OF COMPACT ADOPTION/FOSTER CARE LIAISON/DESIGNEE

This space requires signature on behalf of State Compact Administrator.

Sign and date the ICPC 100A.

SECTION IV-ACTION BY RECEIVING STATE [WHEN CALIFORNIA IS THE RECEIVING STATE]

Placement May Be Made/Placement Shall Not Be Made:

Check "Placement May Be Made" when

- the findings of the home study indicate the proposed placement appears not contrary to the interest of the child AND
- if all documents necessary for the request are received and acceptable.

Check "Placement Shall Not Be Made" when

- the findings of the home study indicate the proposed placement is contrary to the interest of the child AND/OR
- all required documents have not been furnished by the Sending State or the requested supervisory service needs cannot be met by your Agency.

SIGNATURE OF RECEIVING STATE APPROPRIATE PUBLIC AUTHORITY

Sign and date the ICPC 100A.

NOTE: The individual signing the ICPC 100A should be aware that his/her signature indicates that the placement if approved, is in compliance with Sending and Receiving States' laws and regulations.