Complete four (4) copies of this form.
Sending agency retains one (1) copy and forwards three (3) copies to receiving State ICPC Compact Administrator
Receiving State Compact Administrator retains one (1) copy and forwards two (2) copies to the receiving agency.

INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

TO: (Name and Address of Compact Administrator in Receiving State)	FROM: (Name, Address and Telephone Number of Sending Agency or Person)

IDENTIFYING INFORMATION

Child's Name:	BIRTHDATE	CA ICPC #

Mother's Name: Father's Name:

Name of Placement Resource:

PLACEMENT STATUS

☐ Placement Request Withdrawn: Date:

☐ Initial Placement With: Date:

Name:

Address:

Type of Care:

☐ Placement Change: Date:

☐ Name:

☐ Address:

☐ Type of Care:

COMPACT TERMINATION

Reason:

☐ 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 with Concurrence of the Receiving State

☐ Child Returned to Sending State

☐ Approved Resource Will Not Be Used For Placement

☐ Other (Specify):

Date of Termination:	
SIGNATURES:	DATE SIGNED:
Sending Agency or Person:	