

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

**ONE FORM PER CHILD
PLEASE TYPE**

TO:**FROM:****SECTION I – IDENTIFYING DATA**

NOTICE IS GIVEN OF INTENT TO PLACE – NAME OF CHILD: TEST CHILD			ETHNICITY: Hispanic Origin: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
SOCIAL SECURITY NUMBER:		ICWA ELIGIBLE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RACE: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian	
SEX: M/F	DATE OF BIRTH 1/1/2011	TITLE IV-E DETERMINATION: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		
NAME OF MOTHER: MOTHER'S NAME			NAME OF FATHER: FATHER'S NAME	
NAME OF AGENCY OR PERSON RESPONSIBLE FOR PLANNING FOR CHILD: SENDING STATE AGENCY				PHONE NUMBER: 555-555-5566
ADDRESS: 123 MAIN ST				
NAME OF AGENCY OR PERSON FINANCIALLY RESPONSIBLE FOR CHILD: SENDING STATE AGENCY				PHONE NUMBER: 555-555-5566
ADDRESS: 123 MAIN ST				

SECTION II – PLACEMENT INFORMATION

NAME OF PERSON(S) OR FACILITY CHILD IS TO BE PLACED WITH: RESOURCE NAME		Soc. Sec. No. (optional): Soc. Sec. No. (optional):
ADDRESS: STREET, CITY IN RECEIVING STATE		PHONE NUMBER: 555-456-1234
TYPE OF CARE REQUESTED: <input checked="" type="checkbox"/> Foster Family Home <input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Parent <input type="checkbox"/> Group Home Care <input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent <input type="checkbox"/> Relative (Not Parent) <input type="checkbox"/> Child Caring Institution <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
CURRENT LEGAL STATUS OF CHILD: <input checked="" type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption <input type="checkbox"/> Court Jurisdiction Only <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 checked="" type="checkbox"/> Foster Home Study	SUPERVISORY SERVICES REQUESTED: <input checked="" 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 REQUESTED: <input checked="" 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:

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

SIGNATURE OF SENDING AGENCY OR PERSON:

Signed by Sending Agency

DATE:

5/1/2021

SIGNATURE OF SENDING STATE COMPACT ADMINISTRATOR, DEPUTY OR ALTERNATE:

Signed by Sending State ICPC office

DATE:

6/1/2021

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.