

# INTERSTATE COMPACT PLACEMENT REQUEST

Department of Human Services

ICPC – 100A

<b>TO:</b> (Name and Address of Compact Administrator in Receiving State)	<b>FROM:</b> INTERSTATE SERVICES CFS 235 S GRAND AVE STE 401 PO BOX 30037 LANSING, MI 48909
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## SECTION I – IDENTIFYING DATA

Notice is given of intent to place: Name of Child	Sex	Date of Birth	Ethnic Group
Name of Mother	Name of Father		
Name of Agency or Person Responsible for Planning for Child			Telephone Number
Address			
Name of Agency or Person Financially Responsible for Child			Telephone Number
Address			
Signature of Agency or Person Financially Responsible for Child (Court or Probate)			Date Signed

## SECTION II – PLACEMENT INFORMATION

Name of Person(s) or Facility Child is to be Placed With	Telephone Number
Address	
<b>TYPE OF CARE</b> <input type="checkbox"/> IV-E (ADC-FC) Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Foster Family Care <input type="checkbox"/> Group Home Care	<input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Child-caring Institution <input type="checkbox"/> Institutional Care Article (VI) <input type="checkbox"/> Parent <input type="checkbox"/> Relative (Not Parent) Relationship: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Adoption To be completed in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State <input type="checkbox"/> Subsidy
<b>LEGAL STATUS</b> <input type="checkbox"/> Sending Agency Legal Custody <input type="checkbox"/> Parent/Relative Physical Custody <input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Parental Rights Terminated <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other: _____

## SECTION III – SERVICES REQUESTED

<b>Initial Report (if applicable):</b> <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	<b>Supervisory Services:</b> <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	<b>Supervisory Reports:</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other: _____
Name and Address of Supervising Agency in Receiving State		
<b>ENCLOSED</b> <input type="checkbox"/> Child's Social History <input type="checkbox"/> Home Study of Placement Resource	<input type="checkbox"/> Court Order <input type="checkbox"/> Other Enclosures	
Signature of Sending Agency or Person		Date Signed
Signature of Sending State Compact Administrator or Alternate		Date Signed

## SECTION IV – ACTION BY RECEIVING STATE

<input type="checkbox"/> Placement May be Made <input type="checkbox"/> Placement Shall Not be Made	REMARKS	
Signature or Receiving State Compact Administrator or Alternate		Date Signed
AUTHORITY: Public Act 114, 1984. COMPLETION: Required. PENALTY: Sending/Receiving Agency could lose their license.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	

DISTRIBUTION – Complete six (6) copies of this form.

- Sending Agency retains 1 copy and forwards 5 copies to:
- Sending Compact Administrator retains 1 copy and forwards 4 copies to:
- Receiving Agency Compact Administrator indicates action (Section IV) and forwards 1 copy to receiving agency and 2 copies to sending Compact Administrator within 30 days.
- Sending Compact Administrator retains 1 completed copy and forwards the other completed copy to the Sending Agency.