

EXPEDITED HOME STUDY REQUEST

Michigan Department of Health and Human Services
Interstate Compact on the Placement of Children (ICPC)

Name of child to be placed	Age	Date of Birth
Parent 1 Name	Parent 2 Name	

SECTION 1: PROPOSED CARETAKER

Name	Social Security Number (optional)
If married, name of spouse	Social Security Number (optional)
Relationship to the child	Phone number(s)
Address	
Best time of day to contact caretaker	
Alternate contact name and address	

SECTION 2: ASSESSMENT OF CHILD

Special Needs
Mental/Physical Needs
Service Needs/Treatment Requirements
School Information

SECTION 3: SIGNATURES

Name of Agency Worker (if applicable)	Signature of Agency Worker	Date
Name of Agency Supervisor (if applicable)	Signature of Agency Supervisor	Date
Name of MDHHS Worker	Signature of MDHHS Worker	Date
Name of MDHHS Supervisor	Signature of MDHHS Supervisor	Date

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

AUTHORITY: Public Act 114, 1984. COMPLETION: Required.
PENALTY: Sending/Receiving Agency could lose their license.