

## PLACEMENT PRESCREENING

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

Pursuant to the requirement of Regulation 2, Section 5(d) of the Interstate Compact on the Placement of Children (ICPC), this form must be completed in entirety by the assigned caseworker prior to making an ICPC referral. Check mark boxes 1, 5 and 6 **during** communication and complete the contact information.

Child's Name	Date of Birth	Child's Name	Date of Birth
Child's Name	Date of Birth	Child's Name	Date of Birth
Child's Name	Date of Birth	Child's Name	Date of Birth

1. The assigned caseworker has communicated directly with the potential placement resource. They are interested in being considered as a placement resource for the child and are willing to cooperate with the ICPC process.

2. Contact information for the potential placement resource is as follows:

Name	Relationship to child(ren)
Address	
Phone Number(s)	

3. Identifying information of all other adults living in the home is as follows:

Name	Relationship to child(ren)
Name	Relationship to child(ren)
Name	Relationship to child(ren)

4. The number and type of rooms in the proposed residence is sufficient to accommodate the child as follows.

Number of bedrooms	Number of adults residing in the home
Number of children residing in the home, <b>including child(ren) to be placed</b>	

5. The proposed placement resource has acknowledged having sufficient financial resources or will access financial resources to care for the child(ren).

6. The proposed placement sources acknowledges that a criminal records and child abuse history check will be completed on any persons residing in the home to be screened under the law of the receiving state.

**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.