

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

Please type

TO:

FROM: N.C. Division of Social Services
820 S. Boylan Ave., 1st Floor, McBryde Building East
Raleigh, North Carolina 27603-2246

SECTION I - IDENTIFYING DATA

| | | | |
|--|---------------|---|---|
| Notice is given of intent to place - Name of Child: | | Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Social Security Number | | ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No | Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White |
| Sex: | Date of Birth | Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending | |
| Name of Mother | | Name of Father: | |
| Name of Agency or Person Responsible for Planning for Child: | | | Phone: |
| Address: | | | |
| Name of Agency or Person Financially Responsible for Child: | | | Phone: |
| Address: | | | |

SECTION II - PLACEMENT INFORMATION

| | | |
|---|---|--|
| Name of Person(s) or Facility Child is to be placed with: | | Soc Sec # (optional): |
| Address: | | Soc Sec # (optional): |
| Phone: | | |
| Type of Care Requested: | | |
| <input 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 | | Relationship: _____ |
| | | <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 type="checkbox"/> Sending Agency Custody/Guardianship | <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption | |
| <input type="checkbox"/> Parent Relative Custody/Guardianship | <input type="checkbox"/> Unaccompanied Refugee Minor | |
| <input type="checkbox"/> Court Jurisdiction Only | <input type="checkbox"/> Other | |

SECTION III - SERVICES REQUESTED

| | | |
|--|---|--|
| Initial Report Requested (if applicable): | Supervisory Services Requested: | Supervisory Reports Requested: |
| <input type="checkbox"/> Parent Home Study | <input type="checkbox"/> Request Receiving State to Arrange Supervision | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Relative Home Study | <input type="checkbox"/> Another Agency Agreed to Supervise | <input type="checkbox"/> Semi-Annually |
| <input type="checkbox"/> Adoptive Home Study | <input type="checkbox"/> Sending Agency to Supervise | <input type="checkbox"/> Upon Request |
| <input type="checkbox"/> Foster Home Study | | <input type="checkbox"/> Other |

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: _____ Date: _____

Signature of Sending State Compact Administrator, Deputy or Alternate: _____ Date: _____

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: _____