

NC Interstate Compact

Regulation # 2 Case Manager Statement of Interest

Sending County:

Identifying Information of Placement Resource

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City _____ State _____ County _____ ZIP Code _____

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Employer Name and phone number: _____

Start Date: _____ Salary: \$ _____

Spouse's Name: _____

Spouse's Employer: _____ Alternate Phone number: () _____

Number and Type of Rooms In The Home

Number of Bedrooms Number of Adults residing in the home

Number of Other Rooms Number of Children currently residing in the home

Square footage of home

Other Adults in the Home

Name	DOB	Contact Information (if different from above)

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Signed Statement (check boxes to left and sign below)

The potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.

The Placement resource acknowledges that criminal records and child abuse history checks will be completed on any persons residing in the home according to the law of the receiving State. To the best knowledge of the placement resource, no one residing in the home has a criminal or child abuse history that would prohibit the placement.

The placement resource acknowledges that they either have or will access financial resources to feed, cloth and care for the child

I have completed and am prepared to send all required paperwork to the sending State ICPC office, including the [ICPC 100 A](#), and/or [ICPC 100 B](#). (Instructions for completing the [ICPC 100A](#) and [ICPC100B](#) are available on line, along with a [checklist](#).)

Date of Discussion _____

Case
Manager

First and Last Name of Worker

Date

Case
Manager

Print Name

Supervisor

First and Last Name of Worker

Date

Supervisor

Print Name

Additional comments: