

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

SENDING STATE PRIORITY HOME STUDY REQUEST

Form ICPC 101 (Regulation .01)

To be submitted by Social Worker with other required ICPC materials

Name of Child ¹ to be placed: _____ Age: _____ Mother's Name: _____

Ethnic Group: _____ DOB: _____ Father's Name: _____

PROPOSED CARETAKER

Name: _____ Marital Status: **S, M, Sep., D, W** Living with: _____
(circle one) *(name of person)*

Address: _____

Telephone Number: (Home) _() _____ (Work) _() _____ Social Security Number: _____

Relationship to child identified above: _____

Best time to contact caretaker: _____ Employer: _____
(if applicable)

Alternate Contact Name & Address: _____

ASSESSMENT OF CHILD

Case Plan attached: YES NO
(circle one)

Financial/Medical Plan attached: YES NO
(circle one)

Special Needs: _____

Handicaps: Mental/Physical _____

Services Needs/Treatment Requirements: _____

School Information: _____

Other required pertinent information regarding child and family will follow: YES NO
(circle one)

Worker's Name: _____ () _____
(please print) *(telephone number)*

Worker's Signature: _____ () _____
(date) *(fax number)*

Supervisor's Signature: _____ () _____
(if required) *(date)* *(telephone number)*

¹ If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.