

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

Please type

TO: FROM: N.C. Division of Social Services

325 N. Salisbury Street, 2409 Mail Service Center
Raleigh, North Carolina 27603-2409

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"/> Unable to determine/unknown <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander
Sex:	Date of Birth	Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
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"/> Protective Supervision	
<input type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption	
<input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Unaccompanied Refugee Minor	
	<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: _____

DISTRIBUTION (Complete six (6) copies):
 Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
 Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
 Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.
 Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.