

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:

FROM:

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 <input type="checkbox"/> Unable to determine/unknown	
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"/> Native Hawaiian/ Other Pacific Islander <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 Parent 1:			Name of Parent 2:	
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): Soc Sec # (optional):	
Address:		Phone:	
<b>Type of Care Requested:</b>		<input type="checkbox"/> Parent <input type="checkbox"/> Relative (Not Parent) Relationship: _____ <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Foster Family Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> Child Caring Institution	<input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent	<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	
<b>Current Legal Status of Child:</b>		<input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only			

SECTION III - SERVICES REQUESTED

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

STATEMENT OF ASSURANCE

I/We, having legal custody, responsibility, or jurisdiction of the minor,

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(Name of child)

(Date of Birth)

request consideration for placement of said child into another state, and hereby assure the West Virginia Department of Health and Human Resources that if such placement is approved and effected, I/We will retain responsibility for this child, including responsibility for returning him/her to West Virginia if requested to do so by the West Virginia Department of Health and Human Resources at any time until he/she attains his/her majority, is legally adopted, or is discharged from my/our care, custody, responsibility, or jurisdiction with the consent and approval of the appropriate authorities in the state into which he/she is placed.

*(If placement is related to private placement in a Residential Treatment Facility outside of West Virginia I/We understand financial responsibility for expense related to medical, treatment, supervision, room and board, education etc. not covered by medical insurance/Medicaid Card are the responsibility of the legal guardian of the child)*

Signed: \_\_\_\_\_

(Authorized Representative-Birth Parent(s) or guardian)

\_\_\_\_\_  
(Title/Relationship)

\_\_\_\_\_  
(Date)

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Instructions: Prepare in Triplicate for each child for whom placement is requested into a state which is party to the Interstate Compact on the Placement of Children. Send THREE copies of the form with THREE copies of the ICPC packet to:

WV ICPC

West Virginia Department of Health and Human Resources

Bureau for Children and Families

350 Capitol St, Room 691

Charleston, WV 25301-3704