

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN  
REQUEST

FROM: Department of Family Services - ICPC  
Hathaway Building, 3<sup>rd</sup> Floor, Cheyenne, WY 82002  
Tele. (307) 777-3570 FAX (307) 777-3693

**SECTION I - IDENTIFYING DATA**

Notice is given of intent to place NAME OF CHILD	SEX	DATE OF BIRTH	ETHNIC GROUP
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NAME OF MOTHER	NAME OF FATHER
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NAME OF AGENCY OR PERSON RESPONSIBLE FOR PLANNING FOR CHILD	TELEPHONE NO.
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ADDRESS

NAME OF AGENCY OR PERSON FINANCIALLY RESPONSIBLE FOR CHILD	TELEPHONE NO.
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**SECTION II - PLACEMENT INFORMATION**

NAME OF PERSON(S) OR FACILITY CHILD IS TO BE PLACED WITH	TELEPHONE NO.
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ADDRESS

TYPE OF CARE	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Parent	<input type="checkbox"/> Adoption
<input type="checkbox"/> Foster Family Care	<input type="checkbox"/> Child-caring Institution	<input type="checkbox"/> Relative (Not Parent)	<input type="checkbox"/> Subsidy/IV-E Assistance
<input type="checkbox"/> Group Home	<input type="checkbox"/> Institutional Care Article (VI)	Relationship: _____	To be completed in:
	<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Sending State
			<input type="checkbox"/> Receiving State

LEGAL STATUS	<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"/> Court Jurisdiction Only	<input type="checkbox"/> Unaccompanied Refugee Minor
		<input type="checkbox"/> Other _____

**SECTION III - SERVICES REQUESTED**

Initial Report (if applicable)	Supervisory Services	Supervisory Reports
<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	<input type="checkbox"/> Child's Social History	<input type="checkbox"/> Court Order/Signed Relinquishments
	<input type="checkbox"/> Home Study of Placement Resource	<input type="checkbox"/> Other Enclosures/Subsidy Agreements

SIGNATURE OF SENDING AGENCY OR PERSON OR BIRTH PARENT	DATE SIGNED
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SIGNATURE OF SENDING STATE COMPACT ADMINISTRATOR OR ALTERNATE	DATE SIGNED
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**SECTION IV - ACTION BY RECEIVING STATE**

<input type="checkbox"/> Placement May Be Made	REMARKS
<input type="checkbox"/> Placement Shall Not Be Made	

SIGNATURE OF RECEIVING STATE COMPACT ADMINISTRATOR OR ALTERNATE	DATE SIGNED
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Complete six (6) copies of this form  
 Sending Agency retains 1 copy and forwards 5 copies;  
 Sending Compact Administrator retains 1 copy and forwards 4 copies;  
 Receiving Agency Compact Administrator indicates action (Section IV) and forwards 1 copy to Receiving Agency and 2 copies to sending Compact Administrator within 30 days;  
 Sending Compact Administrator retains 1 completed copy and forwards the other completed copy to the Sending Agency

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN  
REPORT ON STATUS CHANGE OF CHILD

<b>TO:</b>	<b>FROM:</b> Dept of Family Services - Social Services - ICPC Hathaway Building, 3 <sup>rd</sup> Floor, Cheyenne, WY 82002 Telephone: (307) 777-3570 Fax: (307) - 777-3693
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**PRESENT PLACEMENT OF CHILD**

Name of Child:	Date of Birth:
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Name of Mother:

Name of Father:

<input type="checkbox"/> Placed with: Name:  Address:	Date:
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<input type="checkbox"/> Discharged from Placement: Name:  Address:		Date:
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<input type="checkbox"/> Placement Canceled	Date
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<input type="checkbox"/> Placement Status Change while in Receiving State: Type of Change:	Name:	Date of Change:
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New Address:

<input type="checkbox"/> Adoption Finalized in <u>Sending</u> State	Date Finalized	
<input type="checkbox"/> Adoption Finalized in <u>Receiving</u> State	Date Finalized	
<input type="checkbox"/> Legal Custody Returned To Name	Date of Return	

SIGNATURE OF REPORTING COMPACT ADMINISTRATOR	DATE SIGNED
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REMARKS:

## STATEMENT OF CASEWORKER

PLEASE ATTACH A COPY OF EACH CHILD'S BIRTH CERTIFICATE AND SOCIAL SECURITY CARD

Child's Name:	Date of Birth:
Child's Name:	Date of Birth:

Name of Person(s) with whom the child is to be placed	Social Security Number	Date of Birth
Name of Person(s) with whom the child is to be placed	Social Security Number	Date of Birth

Physical Address of Placement Resource	City	State	Zip Code
Physical Address of Placement Resource	City	State	Zip Code
Telephone Number	Other Contact Information		
Email Address of Placement Resource			

- I have communicated directly with the potential placement resource.
- The potential placement resource is interested in being a placement resource for the child(ren) and is willing to cooperate with the ICPC process
- The above named has or will access financial resources to feed, clothe, and care for the child(ren), including child care.
- The above named acknowledges that a finger-print based criminal records and child abuse history check will be completed on all adults living in the home.

**Other Adults in the Home:**

Adult's Name	Date of Birth
Adult's Name	Date of Birth

**Number and type of rooms in the proposed residence is sufficient to accommodate the child(ren) as follows:**

Number of Bedrooms	Number of Adults Residing in Home	Number of Children Residing in Home (including the child(ren) to be placed)
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Signature of Caseworker	Caseworker's E-mail Address:	Date	
Printed Name	Title		
Address	City	State	Zip
Agency	Telephone Number	Fax Number	

**-ICPC Financial and Medical Plan-**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Incident # \_\_\_\_\_

If approved, the child will be placed with (check appropriate box):

- parent     adoptive parent     relative     non-relative     RTC     Other \_\_\_\_\_

**Legal Status (current)**

Child is currently in the legal custody of: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**IV-E Eligibility** (check with IV-E specialist in your area)

The child listed above  is  is not Title IV-E FC eligible.

**Financial Plan**

The placement resource is: (Check all that apply)

- a. Financially able and willing to support this child without assistance.
- b. Entitled to receive foster care payments from Wyoming at the rate of \$\_\_\_\_\_ per day if home becomes certified in receiving state. The rate may change with age of child.
- c. Expected to apply for TANF for the child in the receiving state.
- d. Eligible to receive  Title IV-E or  non-Title IV-E adoption subsidy payment from Wyoming for the child.
- e. A Wyoming Medicaid provider and will bill Wyoming Medicaid for placement.
- f. Other: \_\_\_\_\_

**Medical Plan** (Check all that apply):

- a. The child is IV-E eligible. The receiving state will arrange for Medicaid coverage in the receiving state.
- b. The child is not Title IV-E eligible and will be residing with a relative. The placement resource is expected to apply for medical coverage. Wyoming will issue a Medicaid card if the child is ineligible in receiving state, however providers used will need to be Wyoming Medicaid approved providers.
- c. The child is not IV-E eligible and will reside with a non-relative. The placement resource is expected to apply for medical coverage. Wyoming will issue a Medicaid card if the child is ineligible in receiving state, however providers used will need to be Wyoming Medicaid providers.
- d. The placement is with a parent. Parent is responsible for financial and medical needs of this child (once placed in his/her custody).
- e. The placement resource in the receiving state is able to provide medical coverage for this child.

**Emergency Contacts**

\_\_\_\_\_ Parent \_\_\_\_\_ Phone  
\_\_\_\_\_ Guardian \_\_\_\_\_ Phone  
\_\_\_\_\_ Caseworker \_\_\_\_\_ Phone

\_\_\_\_\_ Caseworker Signature \_\_\_\_\_ Date  
\_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date

### **-ICPC: Sending State Guide-**

**Before you send a request:**

- Contact the placement resource (family, RTC, etc.) and determine their interest and commitment level
- Explain the process (ICPC & Home Study) to the placement resource
- Begin discussing financial and medical issues, including possible payments, with the placement resource

**When sending a request packet you must include (3 collated copies of each):**

- Cover Letter:
  - o Your contact information: name, address, phone, fax, email
  - o Brief description of what you need and any special requests
  - o Brief summary/background of child and family
  - o Medical/ Financial Plan
- ICPC 100A form (one for each child)
- Signed current court order stating the child is in DFS custody
- Financial/ medical plan/form, ICPC 100F (IV-E eligible? Wanting foster care payments or subsidy? Certification?)
- Educational information and needs (IEP if applicable)
- Social, psychological, and medical summary of each child  
(A social summary or PDR will work. Also attach any completed evaluations)
- If it is an adoption please include subsidy agreements, relinquishments or termination orders, and any other necessary adoption paperwork.
- Family Service Plan
- Copy of birth certificate and social security card (if and when available)

**You may also wish to include:**

- Medical records and/or psychological evaluations

**Once placement occurs or when it ends:**

**If the placement is approved by the receiving state, and the decision is made to place the child in the approved home, a 100B  must be sent (3 copies through ICPC) notifying the state that the child is being placed. At any time there is a change in placement (child leaves RTC, moves back to WY, is adopted, etc) the 100B  must be sent (3 copies through ICPC) notifying the state that a change has been made or the case is being closed. Please note, the case may not be closed unless the receiving state is in agreement. It is very important to keep in contact with the worker in the receiving state and maintain phone contact with the child and foster or adoptive family at least monthly. For more information go to:**

**<http://www.adoptuskids.org/professionalResourceCenter/interjurisdictionalResources.aspx>**

**Send all ICPC correspondence to: ICPC- Maureen Clifton  
Deputy Compact Administrator  
Hathaway Building, 3<sup>rd</sup> Floor  
Cheyenne, WY 82002**