

ICPC PLACEMENT REQUEST

Use of form: Complete this form to request out-of-state placement of child(ren) per s. 48.988, Wis. Stats. Confidential information on this form will be used for identification purposes only.

TO: (Name of Receiving State)	FROM: Wisconsin ICPC Division of Children and Family Services Bureau of Programs and Policies P. O. Box 8916 Madison, WI 53708-8916
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NOTICE IS GIVEN OF INTENT TO PLACE CHILD

IDENTIFYING DATA

Name - Child (Last, First, MI)	Social Security No.	Birthdate	Gender	Primary Race	IV-E Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
Name - Mother			Name - Father		
Name - Agency or Person Responsible for Planning for Child				Telephone Number	
Address (Street, City, State, Zip Code)					
Name - Agency or Person Financially Responsible for Child			Address - (Street, City, State, Zip Code)		

PLACEMENT INFORMATION

Name - Person or Facility Child is to be Placed With	Telephone Number
Address - (Street, City, State, Zip Code)	
Type of Care <input type="checkbox"/> Foster Family Care <input type="checkbox"/> Group Home Care <input type="checkbox"/> Residential Care Center <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Institution Care (Article VI)	<input type="checkbox"/> Parent <input type="checkbox"/> Relative (not parent) - Specify Relationship - <input type="checkbox"/> Other - Specify -
<input type="checkbox"/> Sending Agency Custody / Guardianship <input type="checkbox"/> Parent Relative Custody / Guardianship <input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Adoption <input type="checkbox"/> Subsidy / IV-E Assistance To be completed in - <input type="checkbox"/> Sending state <input type="checkbox"/> Receiving state
<input type="checkbox"/> Status <input type="checkbox"/> Sending Agency Custody / Guardianship <input type="checkbox"/> Parent Relative Custody / Guardianship <input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Parental Rights Terminated - Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee <input type="checkbox"/> Other - Specify

SERVICES REQUESTED

<input type="checkbox"/> Report (If applicable) <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"/> Supervisory Services <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> MA - Sending Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	<input type="checkbox"/> Supervisory Reports <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Other Request <input type="checkbox"/> Other - Specify -
Name - Supervising Agency in Receiving State		
<input type="checkbox"/> Child's Social History <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> Court Order <input type="checkbox"/> Other Enclosures		

SIGNATURE - Person or Sending Agency Representative	Date Signed
SIGNATURE - Sending State Compact Administrator or Alternate	Date Signed
AGREEMENT BY RECEIVING STATE	
<input type="checkbox"/> Placement may be made <input type="checkbox"/> Placement shall not be made	Remarks
SIGNATURE - Receiving State Compact Administrator or Alternate	Date Signed

- Disposition:**
- Sending Agency retains 1 copy and forwards original to Sending Compact Administrator.
 - Sending Compact Administrator retains 1 copy and forwards 4 copies to Receiving Agency Compact Administrator.
 - Receiving Agency Compact Administrator indicates action (Section IV) and forwards 1 copy to Receiving Agency and 2 copies to Sending Compact Administrator within 60 days.
 - Sending Compact Administrator retains 1 completed copy and forwards the other completed copies to the Sending Agency.

ICPC Checklist to Initiate a Request for Out-of-State Home Study, Placement and Supervision of a Child

Parent, Relative, Foster or Residential Requests:

Submit to ICPC THREE identical packets for EACH child, each including:

- ICPC 100-A form for each child
- Short cover letter outlining the situation that created the removal of the child(ren) and explaining any concerns that need to be addressed in the evaluation of the proposed placement
- Signed, valid court order establishing initial jurisdiction (CHIPS or TPC) and subsequent extension of orders, if any
- Social history of the child and other relevant history (medical, psychological, psychiatric, educational, etc.)
- Court Report (which usually provides information regarding the child's social history)
- Permanency Plan
- Child's IV-E eligibility printout from Maximus or print out from e-WISACWIS.
- ICPC Financial / Medical Plan (form available at www.dhfs.state.wi.us/Children/ICPC/INDEX.htm)

Supervision / Services Request or to Close Case:

Submit to ICPC THREE identical packets for EACH child, each including:

- ICPC 100-B form once placement is made (form available at www.dhfs.state.wi.us/Children/ICPC/INDEX.htm)
- Change of placement order if one exists (not required)

ICPC Checklist for Adoption Requests

Adoptive Home Study and Conversion Requests:

Submit to ICPC THREE identical packets for EACH child, each including:

- ICPC 100-A form requesting adoptive home study
- TPR and all other court orders / legal documents on child
- Complete social / medical / psych / educational history on child
- IV-E documentation on child
- Financial / Medical Plan
- Cover Letter

Newborn Adoptive Placement Requests (WI does not accept UNBORN baby requests):

Submit to ICPC THREE identical packets for EACH child, each including:

- ICPC 100-A form requesting adoptive placement
 - TPR order (Needed if finalizing in Wisconsin) or Relinquishment
 - Family History Questionnaire - Medical / Genetic (CFS-149) signed by birthparents or explanation if both parents have not completed this form
 - Family History Questionnaire - Medical / Genetic / Pregnancy and Delivery Information (CFS-149A)
 - Hospital Records: Medical Records, Discharge Summary
 - Social History of Birth Mother and Birth Father
 - Birth Parents Counseling Summary
 - Report to the Court
 - Current Adoptive Home Study
 - Private Adoptions Only: Statement of Expenses Paid to Birth Parent(s) by Adoptive Parent(s)
 - Other: Any other documentation to meet the requirements of another state
 - Federal Express envelope for the receiving state with postage to contain two (2) copies of request
- Send this information via Federal Express ONLY to:
- Wisconsin ICPC
 - Department of Health and Family Services
 - 1 West Wilson Street, Room 558
 - Madison, WI 53702

Children Adoptive Placement Requests:

Submit to ICPC THREE identical packets for EACH child, each including:

- ICPC 100-A form requesting adoptive placement
- TPR order (Needed if finalizing in Wisconsin) or Relinquishment
- Social History of Birth Mother and Birth Father
- Report to the Court
- Current Adoptive Home Study
- Current Foster Home License
- Documentation of 3 pre-adoptive placement visits (For Special Needs Children Only)
- Other: Any other documentation to meet the requirements of another state

Supervision / Services Request or to Close Case:

Submit to ICPC THREE identical packets for EACH child, each including:

- ICPC 100-B form once placement is made (form available at www.dhfs.state.wi.us/Children/ICPC/INDEX.htm)
- Change of placement order if one exists (not required)