

ICPC REPORT ON CHILD'S PLACEMENT DATE OR CHANGE OF PLACEMENT

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

TO: Name - 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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IDENTIFYING INFORMATION			
Name - Child (Last, First, MI)	Social Security Number	Birthdate	Date - CFS-100A Approval

ORIGINAL COMPACT PLACEMENT	
Name - Original Placement Location	Placement Type
Address - (Street, City, State, Zip Code)	Placement Date (mm/dd/yyyy)

PLACEMENT CHANGES	
Date - Status Change (mm/dd/yyyy)	Name - New Placement Location

Address - (Street, City, State, Zip Code)

<p style="margin: 0;">FROM</p> <p><input type="checkbox"/> Foster Care</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Group Home</p> <p><input type="checkbox"/> Residential care center (RCC)</p> <p><input type="checkbox"/> Institution placement</p> <p><input type="checkbox"/> Birth parent</p> <p><input type="checkbox"/> Relative - Specify relationship</p> <p><input type="checkbox"/> Other - Specify</p>	<p style="margin: 0;">TO</p> <p><input type="checkbox"/> Foster Care</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Group Home</p> <p><input type="checkbox"/> Residential care center (RCC)</p> <p><input type="checkbox"/> Institution placement</p> <p><input type="checkbox"/> Birth parent</p> <p><input type="checkbox"/> Relative - Specify relationship</p> <p><input type="checkbox"/> Other - Specify</p>
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<p style="margin: 0;">COMPACT TERMINATION</p> <p style="margin: 0;">Date - Termination (mm/dd/yyyy)</p> <p style="margin: 0;">Reason for Termination</p> <p><input type="checkbox"/> Receiving state requested return</p> <p><input type="checkbox"/> Sending state requested return</p> <p><input type="checkbox"/> Placement breakdown</p> <p><input type="checkbox"/> Transferred to another state</p> <p><input type="checkbox"/> Reached age of majority</p> <p><input type="checkbox"/> Sending state terminated custody</p> <p><input type="checkbox"/> Placement request withdrawn</p> <p><input type="checkbox"/> Child ran away</p>	<p style="margin: 0;">Action / Treatment requested is complete</p> <p style="margin: 0;">Legal custody returned to _____</p> <p><input type="checkbox"/> A Approval Expired (mm/dd/yyyy): _____</p> <p><input type="checkbox"/> Placement Denied</p> <p><input type="checkbox"/> Adoption finalized (mm/dd/yyyy)</p> <p><input type="checkbox"/> No placement occurred/request withdrawn</p> <p><input type="checkbox"/> Death of child</p> <p><input type="checkbox"/> Other - Specify</p>
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SIGNATURE - Person Providing Information	Title	Date Signed
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