**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

# Interstate Compact on the Placement of Children (ICPC) Placement Request

**Use of form:** Complete this form to request out-of-state placement of child(ren) per s. 48.988, Wis. Stats. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

|  |  |
| --- | --- |
| **TO:** (Name of Receiving State)      | **FROM:** Wisconsin ICPC DCF/DSP  P. O. Box 8916 Madison, WI 53708-8916 |
| **NOTICE IS GIVEN OF INTENT TO PLACE CHILD** |
| **IDENTIFYING DATA** |
| Name – Child (Last, First MI)      | eWiSACWIS Case ID      | Birthdate      | Sex  | Social Security Number      |
| Race      | ICWA Eligible[ ]  Yes [ ]  No  | Tribe Agrees with Placement[ ]  Yes [ ]  No | IV-E Eligible[ ]  Yes [ ]  No [ ]  Pending |
| Name – Parent 1      | Name – Parent 2      |
| 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)      |
| **PROPOSED PLACEMENT INFORMATION** |
| Name – Person or Facility Child is to be Placed With      | Telephone Number      |
| Address – (Street, City, State, Zip Code)      |
| Type of Care |  |
| [ ]  Foster Home (non-relative)[ ]  Group Home Care[ ]  Residential Care Center[ ]  Parent       [ ]  Unlicensed Relative (not parent) – Relationship:      [ ]  Licensed Relative (not parent) – Relationship:       | Is this placement for the purposes of adoption?[ ]  Yes [ ]  No |
|  | Adoption to be completed in[ ]  Sending state [ ]  Receiving state |
| Legal Status[ ]  Sending Agency Custody / Guardianship[ ]  Parent Relative Custody / Guardianship (only for private RCC)[ ]  Court Jurisdiction Only | [ ]  Parental Rights Terminated - Right to Place for Adoption[ ]  Unaccompanied Refugee |
| **SERVICES REQUESTED** |
| Initial Report (If applicable)[ ]  Parent Home Study[ ]  Relative Home Study[ ]  Adoptive Home Study / Placement[ ]  Foster Home Study / Placement | Supervisory Services[ ]  Request Receiving State to Arrange Supervision[ ]  Another Agency Agreed to Supervise | Supervisory Reports[ ]  Quarterly[ ]  Monthly[ ]  Other |
| Name – Supervising Agency in Receiving State       |
| **SIGNATURE** – Person or Sending Agency Representative      | Date Signed (mm/dd/yyyy)       |
| **SIGNATURE** – Sending State Compact Administrator or Alternate      | Date Signed (mm/dd/yyyy)        |
| **ACTION BY RECEIVING STATE** |
| [ ]  Placement may be made[ ]  Placement shall not be made | Remarks       |
| **SIGNATURE**—Receiving State Compact Administrator or Alternate | Date Signed (mm/dd/yyyy)  |
|       |       |