# DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence

# Tribal ICPC Placement Documentation

**Use of form:** Complete this form to meet service and documentation requirements for child(ren) relocated to a Tribal Title IV-E agency or an Indian Tribe with a Title IV-E agreement per section 1356.67, Code of Federal Regulations. Personal information you provide may be used for secondary purposes [Privacy Law, s. 12.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TO:** (Name of Receiving Tribe / 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) | | | | | Social Security No. | | | | Birthdate | Sex | | | | Tribe | IV-E Eligible  Yes  No |
| 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) | | | | | | | |
| **PLACEMENT INFORMATION** | | | | | | | | | | | | | | | |
| Name – Person or Facility Child is to be Placed With | | | | | | | | | | | | | | Telephone Number | |
| Address – (Street, City, State, Zip Code) | | | | | | | | | | | | | | | |
| Type of Care / Placement Preference | Parent | | |  | | | | | | | |  | Adoption | | |
| Foster Family Care  Group Home Care  Residential Care Center | Relative (not parent) – Specify Relationship | | | | | | | | | | | | Subsidy / IV-E Assistance | | |
|  |  | |  | | | | | | | | |  | Adoption to be completed in – | | |
|  | Other – Specify | | | | |  | | | | | |  | Sending state  Receiving state | | |
|  |  | | | | |  | | | | | |  |  | | |
| Legal Status  Sending Agency Custody / Guardianship  Parent Relative Custody / Guardianship  Court Jurisdiction Only | | | | | | | Parental Rights Terminated – Right to Place for Adoption  Unaccompanied Refugee  Other – Specify | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Checklist for relocation to a Tribal Title IV-E Agency:** Submit to ICPC THREE identical packets for EACH child, each including: | | | | | | | | | | | | | | | |
| Documents related to Title IV-E and XIX eligibility determination:  Child’s **completed** Title IV-E and XIX  eligibility printout from eWiSACWIS   (form e201)  Information regarding the child’s current   placement setting, including current   foster home license | | Judicial determination(s) (Temporary Physical Custody and / or first Dispositional Order) containing language that:  Continuation in the home from which the child was  removed was contrary to the welfare of the child  Reasonable efforts were made to prevent removal   or not required | | | | | | | | | Additional documentation required per Title IV-E:  Complete case plan | | | | |
| Complete education records, including:  the names and address of the child’s   health and educational providers  the child’s grade level performance  the child’s school record | | Complete health records, including  a record of the child’s immunizations  the child’s known medical problems  the child’s medication | | | | | | | | | Eligibility for other federal benefits, including printouts for:  Supplemental Security Income (SSI) via Cares  Worker Web  Forward Health Title XIX [Medicaid] history  screen | | | | |
| **SIGNATURE** – Person or Sending Agency Representative | | | | | | | | | | | | | Date Signed (mm/dd/yyyy) | | |
| **SIGNATURE** – Sending State Compact Administrator or Alternate | | | | | | | | | | | | | Date Signed (mm/dd/yyyy) | | |