# DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence

**Interstate Compact on the Placement of Children (ICPC)**

**Worker Statement Regarding Proposed Placement Resource**

**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.

**Placement Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name – Person Child is to be Placed With | | | Relationship to the child | |
| Social Security Number | | | Birthdate | |
| Address – Placement Resource(s) (Street, City, State, Zip Code) | | | | |
| Telephone Number – Placement Resource(s) | | | | |
| Other Adult/s living in the home: Name/Social Security Number/Birth Date | | | | |
| Number of Bedrooms in the Home | | | Number of People in the Home (not including child/ren to be placed) | |
|  | | | | |
| By filling out the following information, you are confirming that you have recently discussed the proposed placement with the resource and verified that all information provided is accurate to the best of your knowledge. If you have not discussed placement plans with the resource, you must do so before sending this request to the Wisconsin ICPC Central Office. | | | | |
|  | I have communicated directly with the potential placement resource. Last date of contact with the proposed resource: | | | |
|  | The potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process. | | | |
|  | The potential placement resource acknowledges that he / she has sufficient financial resources or will access financial resources to feed, clothe, and care for the child, including child care. | | | |
|  | The placement resource understands a criminal records and child abuse history check will be completed for any persons residing in the home required to be screened under the laws of the receiving state. | | | |
| Please describe or explain any concerns or special considerations that must be addressed in the evaluation of the proposed placement**:** | | | | |
| **Approval** | | | | |
| Name/Signature– Sending Worker (Print) | | Date Signed | | Telephone Number – Sending Worker |

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