

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].

TO: (Name of Receiving State)	FROM: Wisconsin ICPC Division of Safety and Permanence Bureau of Permanence and Out-of-Home Care P. O. Box 8916 Room E200 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	Sex	Ethnic Group	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"/> Adoption <input type="checkbox"/> Subsidy / IV-E Assistance Adoption to be completed in – <input type="checkbox"/> Sending state <input type="checkbox"/> Receiving state
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Legal 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
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SERVICES REQUESTED

Initial 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	Supervisory Services <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other – Specify
Name – Supervising Agency in Receiving State		

Enclosed

Child's Social History
 Home Study of Placement Resource
 Court Order
 Other Enclosures

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

<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 (mm/dd/yyyy)

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 100A 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 TCP) 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 eWiSACWIS
- ICPC Financial / Medical Plan (form available at www.dcf.wisconsin.gov/children/ICPC)

Supervision / Services Request or to Close Case:

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

- ICPC 100B form once placement is made (form available at www.dcf.wisconsin.gov/children/ICPC)
- Change of placement order if one exists (not required)

Worker Statement Regarding Proposed Placement Resource

(In accordance with ICPC Regulation 2 and 7, revised effective 10/1/11)

Mandated Checklist (Sign and return with each request)

Name – Caregiver(s)

Address – Caregiver(s) (Street, City, State, Zip Code)

Telephone Number – Caregiver(s)

Number of Bedrooms in the Home

Number of People in the Home

- I confirm the potential **placement resource is interested** in being a placement resource for the child and is willing to cooperate with the ICPC process.
- I am including the **name and correct physical and mailing address** of the placement resource and all available telephone numbers and other contact information for the potential placement resource.
- I am including the **number of bedrooms** in the home of the placement resource under consideration and the number of people, including children, who will be residing in the home.
- I am confirming 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.
- I confirm 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.

Name – Caseworker (Print)

SIGNATURE – Caseworker

Date Signed

Telephone Number – Caseworker

Alternative Telephone Number – Caseworker

ICPC Checklist for Adoption Requests

Adoptive Home Study and Conversion Requests:

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

- ICPC 100A 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
- If first-time adoptive parent(s) provide certificate of completion for first-time adoptive parent training.

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

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

- ICPC 100A form requesting adoptive placement
- TPR order (needed if finalizing in Wisconsin) or Relinquishment plus signed legal risk placement agreement
- Family History Questionnaire - Medical / Genetic DCF-F-CFS0149 signed by birthparents or explanation if both parents have not completed this form
- Family History Questionnaire - Medical / Genetic / Pregnancy and Delivery Information DCF-F-CFS0149A
- 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
- Overnight mailing envelope for the receiving state with postage to contain two (2) copies of request
- Send this information via Overnight Mail ONLY to:
Wisconsin ICPC
Department of Children and Families
Division of Safety and Permanence / ICPC
201 E. Washington Ave., Rm. E200
Madison, WI 53703

Older Children Adoptive Placement Requests:

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

- ICPC 100A 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)
- If first-time adoptive parent(s) provide certificate of completion for first-time adoptive parent training.
- 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 100B form once placement is made (form available at www.dcf.wisconsin.gov/children/ICPC)
- Change of placement order or adoption decree if one exists (not required)