

## 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. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

<b>TO:</b> Name – Receiving State	<b>FROM:</b> Wisconsin ICPC Division of Safety and Permanence Bureau of Permanence and Out-of-Home Care P. O. Box 8916 Rm. E200 Madison, WI 53708-8916
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<b>IDENTIFYING INFORMATION</b>			
Name – Child (Last, First, MI)	Social Security No.	Birthdate	Date – CFS-100A Approval

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

<b>PLACEMENT CHANGES</b>	
Date – Status Change (mm/dd/yyyy)	Name – New Placement Location
Address – (Street, City, State, Zip Code)	

Status Change

<u>FROM</u>	<u>TO</u>
<input type="checkbox"/> Foster Care	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Adoption	<input type="checkbox"/> Adoption
<input type="checkbox"/> Group Home	<input type="checkbox"/> Group Home
<input type="checkbox"/> Residential care center (RCC)	<input type="checkbox"/> Residential care center (RCC)
<input type="checkbox"/> Institution placement	<input type="checkbox"/> Institution placement
<input type="checkbox"/> Birth parent	<input type="checkbox"/> Birth parent
<input type="checkbox"/> Relative – Specify relationship	<input type="checkbox"/> Relative – Specify relationship
<input type="checkbox"/> Other – Specify _____	<input type="checkbox"/> Other – Specify _____

<b>COMPACT TERMINATION</b>
Date – Termination (mm/dd/yyyy)

Reason for Termination

<input type="checkbox"/> Receiving state requested return	<input type="checkbox"/> Action / Treatment complete
<input type="checkbox"/> Sending state requested return	<input type="checkbox"/> Legal custody returned to _____
<input type="checkbox"/> Placement breakdown	<input type="checkbox"/> 100A Approval Expired (mm/dd/yyyy) _____
<input type="checkbox"/> Transferred to another state	<input type="checkbox"/> Placement denied
<input type="checkbox"/> Child reached age of majority	<input type="checkbox"/> Date adoption finalized (mm/dd/yyyy) _____
<input type="checkbox"/> Sending state terminated custody	<input type="checkbox"/> Death of child
<input type="checkbox"/> Placement request withdrawn	<input type="checkbox"/> Other – Specify: _____
<input type="checkbox"/> Child ran away	

<b>SIGNATURE</b> – Person Providing Information	Title	Date Signed
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