

# ICPC Referral

## Introduction

The ICPC Referral represents the intake for the ICPC workflow. The ICPC Referral can be created by either county workers or ICPC staff. The referrals will be forwarded by the county workers to the ICPC staff. ICPC Staff can accept or deny the referral or return it to the sending agency. Once the ICPC Staff either accepts or denies the ICPC Referral, it can be linked to either an existing (open or closed) case or a new case can be created. Upon saving of the changes to Maintain Case (linking to an existing case or creating a new case opens the Maintain Case page), the system creates an ICPC Record for the child who is associated with the role of Identified Child on the ICPC Referral.

Any time after the initial save, the ICPC Referral can be made in error or copied over into a new ICPC Referral for the same child or into a new ICPC referral for one of his/her siblings. County and ICPC staff continue documentation of the work specific to the ICPC workflow on the ICPC Record.

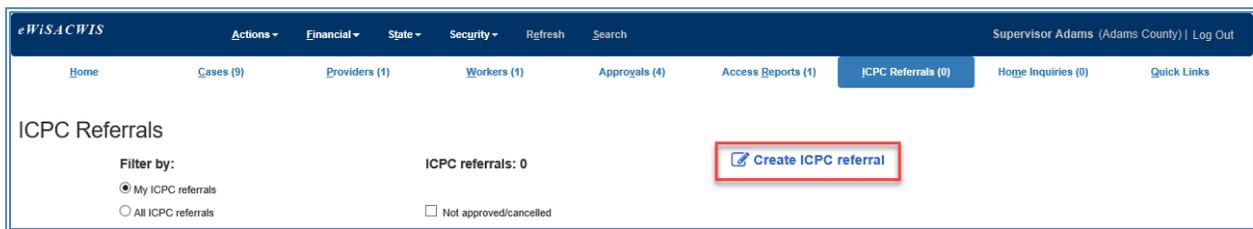
## Related User Guides:

[ICPC Record](#)

[Imaging Person](#)

## Documenting an ICPC Referral

1. From the desktop, go to the ICPC Referrals tab and click the Create ICPC referral hyperlink [Create ICPC referral](#) or select Create Case Work from the Actions drop-down next to the specific case to open the Create Case Work page.



**Note:** The child's name will be blank until a participant on the participant's tab is specified as the 'Identified Child'.

2. On the ICPC Referral page enter the Sending and Receiving States and the 'Sending Entity' and 'Receiving Entity' fields. The Sending State field defaults to 'WI'. The Sending and Receiving States cannot be identified as the same State and one of them must be identified as 'WI'.

**Note:** The 'Sending Entity' and 'Receiving Entity' fields are AJAX-enabled fields. Begin typing any part of the name and eWISACWIS will attempt to find a match. Selecting a value from the available choices will prefill the address fields. The Details flares identifies what values should be typed into these fields. *To retrieve the values for Milwaukee, use "DMCPS".*

3. The other fields in the header, when WI is a sending state, are derived from other areas within the ICPC Referral. The 'Placement for Adoption' text is dynamically displayed. The 'Placement Resource' field and the 'Type of Care' text are displayed from the Placement Request Detail tab.

**Referral Information**

Sending State: WI  Sending Entity: [Details](#)  Status:

Receiving State:  Receiving Entity: [Details](#)  ID:

Child Name:  NEICE Case ID:

Placement Resource:  Created By:

Regulation Type:  Assigned To:

**Participants** | [Referral Detail](#) | [Planning/Financial Responsibility](#) | [Placement Request Detail](#) | [Documentation](#) | [Decision](#)

**Participants**

Include the case head, identified child (reference person for ICPC Referrals), placement resource, and all household members of the placement resource. If the identified child has siblings with ICPC Referrals for the same proposed resource, please check the "Same Proposed Resource" checkbox for each sibling.

Names	Gender	DOB	Age	Relationship to Identified Child	Roles	Same Proposed Resource
<input type="button" value="Add/Edit"/>						

Options:

- The Participants tab is to identify participants, document their relationships and designate the roles of individuals associated with the referral. To add participants, click the Add/Edit button and search for the participants using the Access Inquiry Search page. The Last Name is required unless you enter a person ID, SSN, or an address.
- Click the [Select](#) hyperlink for the participant(s) that already exist, or click Create if the person you are looking for is not found. Once all participants have been added select 'Add Participant(s)', then click Continue to return to the ICPC Referral. For more information on how to search, please refer to the [Search user guide](#).
- To add or modify a participant's DOB, gender, race, or primary address click the [person](#) link under 'Access Participants Name' to launch their Person Management page. To remove a participant from the referral, click the [delete](#) link.

**Note:** The 'Identified Child' must have gender, race and ethnicity documented. The 'Placement Resource' needs a primary address documented on person management as well. The 'Placement Resource' is NOT required when a child is placed in a facility. If the DOB is not entered, an '18+' checkbox will be dynamically displayed.

Search Criteria

Last Name:  First Name:  Person ID:

SSN:  DOB:  Gender:

Street:   City:  ZIP Code:

Incl. AKA

Search Precision:

Low
  Med
  High

Sort By:

v

Record 1 to 4 of 4

Persons Returned

- [Select](#) Participant, Daughter B., II ( 9223400 ) 1505 Roosevelt Dr., Dairyland Female 01/01/2001 Caucasian
- [Select](#) Participant, Father ( 9224034 ) Male 09/19/1972 Caucasian
- [Select](#) Participant, Independent C., Jr. ( 9224035 ) 100 123 1/2 Ave, Dodgeville Male 11/28/1991 Caucasian
- [Select](#) Participant, Mother D., III ( 9223398 ) 150 Main St., South Range Female 02/02/1982

Participants

	Access Participant Name	Status	
	<a href="#">Participant, Daughter B., II</a>	Search Found	<a href="#">Delete</a>
	<a href="#">Participant, Father</a>	Search Found	<a href="#">Delete</a>
	<a href="#">Participant, Mother D., III</a>	Search Found	<a href="#">Delete</a>

7. On Continue from the Access Inquiry Search page, the Participants tab prefills with the information entered on the Access Participant page including name, gender, and date of birth.
8. If the participant does not have a DOB entered, a '18+' checkbox will be dynamically displayed in the 'Age' column.
9. Identify the relationship of each participant (the reference person should be the child who is the subject of the referral). The ICPC Referral must have at least one participant with the relationship of 'Reference Person'.

10. The worker also assigns ICPC Referral roles to a participant by clicking on the [Roles](#) hyperlink, which launches the existing Roles pop-up page. The pop-up page is used to select the appropriate role or roles for each participant. Click Continue to return to the ICPC Referral page.

**Note:** The documentation of an identified child is required and all other relationships are based off of the identified child.

Select	Roles Description	Code
<input type="checkbox"/>	Household Member	HM
<input checked="" type="checkbox"/>	Identified Child	IC
<input type="checkbox"/>	Parent/Parental Role	PR
<input type="checkbox"/>	Placement Resource	PL
<input type="checkbox"/>	Placement Resource Household Member	RH
<input type="checkbox"/>	Sibling	SI

11. When an individual is assigned a role of Identified Child on the Roles pop-up page and returns to the Participants tab the page will refresh and prefill with the information for the Identified Child in the header.

**Note:** Only one participant can have the role of 'Identified Child.' Only one individual can have the role of 'Placement Resource'. If more than one participant is assigned a role of 'Placement Resource' the ICPC Referral page will generate the following message: "Do you want to replace existing Placement Resource?" Selecting Yes will reassign a role of Placement Resource from Participant A to Participant B. Selecting No will keep Placement Resource role with Participant A and remove it from Participant B. All other roles other than Placement Resource will remain the same for both participants. If there are more individuals in the home of the placement resource, they should be identified as 'Placement Resource Household Member'.

12. The 'Same Proposed Resource' checkbox is to indicate if that individual (i.e. sibling to the identified Child) is placed with the same placement resource. This will assist in the copy over functionality when an ICPC referral needs to be created for that individual as well.

**Referral Information**

Sending State: **WI** Sending Entity: **Rock County HSD** Status:

Receiving State: **AK** Receiving Entity: **State of Alaska DHS** ID:

Child Name: [Participant, Daughter B.](#) NEICE Case ID:

Placement Resource:  Created By:

Regulation Type:  Assigned To:

**Participants** | Referral Detail | Planning/Financial Responsibility | Placement Request Detail | Documentation | Decision

**Participants**

Include the case head, identified child (reference person for ICPC Referrals), placement resource, and all household members of the placement resource. If the identified child has siblings with ICPC Referrals for the same proposed resource, please check the "Same Proposed Resource" checkbox for each sibling.

Names	Gender	DOB	Age	Relationship to Identified Child	Roles		Same Proposed Resource
Participant, Daughter B.	Female	01/01/2003	20	Reference Person	IC	<a href="#">Roles</a>	<input type="checkbox"/>
Participant, Father	Male	00/00/0000	<input type="checkbox"/> 18+	Biological Parent	HM-PR	<a href="#">Roles</a>	<input type="checkbox"/>
Participant, Mother D., III	Female	02/02/1982	41	Biological Parent	HM-PR-PL	<a href="#">Roles</a>	<input type="checkbox"/>

[Add/Edit](#)

Options:  [Go](#) [Save](#) [Close](#)

13. On the Referral Detail tab, the Child Information group box will be blank until the role of 'Identified Child' is selected on the Participants tab. Once the identified child role is selected, the fields in the Child Information group box are prefilled from the child's person management record.
- When WI is sending, the Eligibility Date field prefills from the IV-E eligibility record and the 'displays as a date hyperlink that will open the eligibility record for that individual.
  - The 'Also Known As', 'Hispanic/Latino' and 'Race' fields prefill from the child's person management record.
  - When WI is the sending state the 'ICWA Eligible' field will prefill from person management. If the Status field in the Tribal Identification has a value of 'Eligible for membership, not a member' or 'Member', the ICWA Eligible field will be set to Yes. The 'Does the tribe agree with the placement?' text and radio buttons display only when the 'ICWA Eligible' field is answered Yes and it is required to be completed when WI is the sending state.
  - The 'Parent 1' and 'Parent 2' fields prefill from the person management record for the Identified Child.

eWiSACWIS x ICPC Referral x +

**eWiSACWIS** Resource Print Help

### Referral Information

Sending State: WI Sending Entity: [Details](#) Rock County HSD Status:

Receiving State: AK Receiving Entity: [Details](#) State of Alaska DHS ID:

Child Name: [Participant, Daughter B.](#) NEICE Case ID:

Placement Resource: Participant, Father - Created By:

Regulation Type: Regulation 2 - Public Court Jurisdiction Cases Assigned To:

[Participants](#) **[Referral Detail](#)** [Planning/Financial Responsibility](#) [Placement Request Detail](#) [Documentation](#) [Decision](#)

### Child Information

IV-E Eligible: Pending Eligibility Date: Also Known As:

Hispanic/Latino: No Race: White

ICWA Eligible: No

Parent 1: Participant, Mother D. Parent 2: Birth, Father

### Regulation Determination

Options:  Go Save Close

**Note:** Upon the first successful save of the page an open ICPC Referral intake assignment is created for the creator of the page with the following Detail: Type = ICPC Referral, Responsibility = N/A, Role = Supervisor.

**Regulation Determination**

Question 1:  
 Yes  No Is this a Private Case Adoption? If Yes, then Regulation 12. If No, proceed to Question 2.

Question 2:  
 Yes  No Is this a request for a residential placement? If Yes, then Regulation 4. If No, proceed to Question 3.

Question 3a:  
 Yes  No Does the proposed resource currently have placement of the child associated with this request?

Question 3b:  
 Yes  No Is the proposed resource a WI resident who is moving to another state? [Details](#)

Question 4a:  
 Yes  No Is the proposed resource one of the following? **Biological Father** [Details](#) If No, then Regulation 2. If Yes, proceed to Question 4b.

Question 4b:  
 Yes  No Does the request meet at least one of the following? If No, then Regulation 2. If Yes, proceed to Question 4c.

It is an emergency placement.  The child is under 4.  The child is in a sibling group that has a child under 4.

There is an unexpected dependency due to sudden or recent incarceration, incapacitation or death of a parent or guardian.

The child has a significant relationship with the proposed resource. Describe the child's relationship with the resource and what role he/she played in the child's life.

**Proposed resource is child's biological father.**

Question 4c:  
 Yes  No Does the child have a Priority Placement Order (Expedited Placement Decision)? If Yes, then Regulation 7. If No, then Regulation 2.

Court Order Date: [Imaging Search](#)

Options:

14. The Regulation Determination group box only displays when the Sending State is identified as Wisconsin (WI). The 'Regulation Type' value in the Referral Information group box is determined for the ICPC Referral based on worker's response to the questions in this group box

15. When Wisconsin is the sending state complete the Regulation Determination group box and click the Save button to update the 'Regulation Type' field in the header. When Wisconsin is the receiving state the Regulation Determination group box will not appear.

**Note:** The regulation determination must be completed, and one participant must be assigned a role of 'Identified Child' prior to the first successful save.

**Regulation Determination**

Question 1:  
 Yes  No Is this a Private Case Adoption? If Yes, then Regulation 12. If No, proceed to Question 2.

Question 2:  
 Yes  No Is this a request for a residential placement? If Yes, then Regulation 4. If No, proceed to Question 3.

Question 3a:  
 Yes  No Does the proposed resource currently have placement of the child associated with this request?

Question 3b:  
 Yes  No Is the proposed resource a WI resident who is moving to another state? [Details](#)

Question 4a:  
 Yes  No Is the proposed resource one of the following? **Biological Father** [Details](#) If No, then Regulation 2. If Yes, proceed to Question 4b.

Question 4b:  
 Yes  No Does the request meet at least one of the following? If No, then Regulation 2. If Yes, proceed to Question 4c.

It is an emergency placement.  The child is under 4.  The child is in a sibling group that has a child under 4.

There is an unexpected dependency due to sudden or recent incarceration, incapacitation or death of a parent or guardian.

The child has a significant relationship with the proposed resource. Describe the child's relationship with the resource and what role he/she played in the child's life.

**Proposed resource is child's biological father.**

Question 4c:  
 Yes  No Does the child have a Priority Placement Order (Expedited Placement Decision)? If Yes, then Regulation 7. If No, then Regulation 2.

Court Order Date: [Imaging Search](#)

Options:

**Question 1:** This question is only available to the ICPC staff and it defaults to No when the referral is created by a county worker.

**Question 2:** This question is enabled when Question 1 is answered No.

**Question 3a:** This question is enabled when the answer to Question 2 is No.

**Question 3b:** This question is enabled when the answer to Question 3a is Yes.

**Question 4a:** This question is enabled when the answer to Question 3a No. Drop-down menu is identifying if the proposed resource is one of the relatives listed should be selected. Hovering over the Details flare will pop-up a screen which describes when expedited placements apply and what their intent is.

**Question 4b:** This question is only available when Question 4a is answered Yes. If this question is answered Yes, one of the checkboxes must also be selected. If “The child has a significant relationship with the proposed resource. Describe the child’s relationship with the resource and what role he/she played in the child’s life” checkbox is selected, the narrative box is required.

**Question 4c:** This question is to indicate if there is a Priority Placement Order. If yes, the court order must be associated in order for the ‘Yes’ radio button to be selected, otherwise it defaults to ‘No’. Once an order is associated, it will display as a date hyperlink which will take the user to the Imaging page for the associated image.

16. The [Imaging Search](#) hyperlink will allow the user to select the appropriate court order. The [Clear](#) hyperlink will clear out the selected court order.

Question 4c:

Yes  No Does the child have a Priority Placement Order (Expedited Placement Decision)? If Yes, then Regulation 7. If No, then Regulation 2.

Court Order Date: [02/07/2023](#) [Clear](#) [Imaging Search](#)

**Note:** After the first successful save, the 'Copy' and 'Made in Error' values will display in the Options dropdown menu. It is recommended to wait until later in the process of completing the referral to copy it so that as much information as possible is copied over.



16. The Planning/Financial Responsibility tab provides information regarding the designated person/agency/tribe having both Planning and Financial Responsibilities. Each group box displays the designated person/agency/tribe having both planning and Financial Responsibilities. The Financial Responsibility group box has a 'Same as Planning Responsibility' checkbox. When selected, the page will copy the information from the Planning Responsibility group box into Financial Responsibility group box.

17. The Planning Responsibility field is AJAX-enabled and does not allow any text that is not on the list. Begin typing any part of the name and eWiSACWIS will attempt to find a match. Selecting a value from the available choices will prefill the address fields.

- If WI is the sending State, the available values are Wisconsin values.
- If WI is the receiving State, the available value is the other State's name or the county names for California, Colorado, or Ohio.

18. If the user selects the 'Same as Planning Responsibility' checkbox, then the fields will populate from the Planning Responsibility group box. Otherwise, the fields will behave in the same manner as the Planning Responsibility group box as described above.

19. In the "If placement occurs, the financial plan for the child is:" section there are six radio buttons. At least one of the radio buttons must be selected when WI is the sending state. If 'Other – Specify' is checked the narrative box is required.

20. In the "If placement occurs, the medical plan for the child is:" section there are six radio buttons. At least one of the radio buttons must be selected when WI is the sending state. If 'Other – Specify' is checked the narrative box is required.

**Financial Responsibility**

The Wisconsin sending agency remains ultimately financially responsible for the child and will retain jurisdiction of the child as mandated by Article 5 of ICPC (s. 48.988(5), Wis. Stats.). If the child needs to return to Wisconsin, the financially responsible agency/sending agency will pay the transportation costs and will expect the full cooperation from the receiving state to accomplish this return. This plan will be in effect following the placement of the child and until approved termination of the placement consistent with the provisions of the Interstate Compact on the Placement of Children.

Same as Planning Responsibility

Financial Responsibility: **Rock County HSD**

C/O:

Address Search:

Street:    Apt:

WI City:  City:  State:  ZIP:

Country:  Phone:  Ext:  Fax:

E-Mail:

[Map this address](#)

If the placement occurs, the financial plan for this child is:

The proposed placement resource is the parent of the child and is financially responsible for the child.

The proposed placement resource is not eligible for financial support from Rock County HSD, and is able and willing to support this child (attach letter signed by proposed resource with verification of understanding).

The proposed placement resource will receive Kinship Care payments from Rock County HSD upon approval.

The proposed placement resource will receive a foster care rate from Rock County HSD. Rock County HSD will pay a foster care rate of  per month for this child upon licensure and placement.  TBD

The residential placement costs and any costs associated with the disruption of the placement will be covered by Rock County HSD.

Other - Specify

Please note: Not all states will open Medicaid for the child to be placed and this may be dependent on their IVE status and type of request. If Medicaid is not open your agency remains financially responsible and may be requested to pay or reimburse for medical expenses. The medical plan must be documented below and indicates your agency agrees to this plan.

If the placement occurs, the medical plan for this child is:

The proposed resource is the parent of the child and is responsible for the child's medical expenses (IV-E not applicable).

Child is IV-E eligible. AR will arrange for Medicaid coverage based on provisions of federal COBRA legislation.

Child is not IV-E eligible. Rock County HSD will reimburse the placement resource for child's medical expenses.

Child's IV-E eligibility is pending.

The medical expenses incurred while the child is at the residential facility will be reimbursed by Rock County HSD.

Other - Specify

Options:

21. The Placement Request Detail tab contains information specific for the requested placement, including Type, placement resource, etc.

22. The 'Type of Care' field is a user-selectable dropdown for documenting the type of care; the values available are: Foster Home (non-relative), Parent, Group Home, Residential Care Center, Licensed Relative (not parent), Unlicensed Relative (not parent). The available values are based on the regulation type.

23. Complete the rest of the required fields on the page.

**Placement Request Detail**

Type of Care:	<input type="text" value="Unlicensed Relative (Not Parent)"/>	
Is the placement for the purposes of Adoption?	<input type="text" value="Not Applicable"/>	
Is child eligible for Adoption Assistance?	<input type="text" value="Not Applicable"/>	
Legal Status: <a href="#">Details</a>	<input type="text" value="Court Jurisdiction Only"/>	Specify Legal Status: <input type="text"/>
Initial Report:	<input type="text" value="Relative Home Study"/>	Supervisory Services: <input type="text" value="Requesting Receiving State to Arrange Supervision"/>
Supervisory Reports:	<input type="text" value="Quarterly"/>	Supervisory Reports Detail: <input type="text"/>

**Placement Information**

Name: Participant, Father (9224034)      SSN:      DOB:

Placement Relationship to Child:

By filling out the following information, the worker in the Sending state has confirmed that information provided is accurate. The placement plans must be discussed with the resource before sending this request to the Wisconsin ICPC Central Office.

Yes  No    Are other adults living at home (as identified on the Participants tab)?

How many people, including children, are in the home (not including children to be placed)?

How many bedrooms are in the home?

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 s/he has sufficient resources or will access financial resources to feed, clothe, and care for the child, including child care.

The placement resource understands a criminal record and child abuse history check will be completed for any person residing in the home to be screened under the laws of the receiving state.

Describe or explain any concerns or special considerations that must be addressed in the evaluation of the proposed placement.

Enter narrative here...

24. Some fields are conditionally displayed based on the response to the previous question; i.e. the 'Adoption to be completed in:' field will not display unless "Is the placement for the purposes of Adoption" field is answered Yes.
- a. Some fields are conditionally enabled once other pieces of work are saved on other tabs. I.e. the 'Legal Status' field once the regulation type is not null.
  - b. The Details flair describes which value should be selected in the 'Legal Status' field.

**Referral Information**

**Sending Agency Custody/Guardianship:**

- The child is under the custody or guardianship of the sending agency.

**Parent or Relative Custody/Guardianship:**

- The child is under the custody and guardianship of the parent or relative. The sending agency does not have the authority to supervise and/or remove the child for placement.

**Court Jurisdiction Only:**

- The sending court has an open abuse, neglect, or dependency case that establishes court jurisdiction with the authority to supervise and/or remove and place the child for whom the court has not taken guardianship or legal custody. This may occur in the following situations: The child remains under the parent/relative's legal custody but the court/sending agency is seeking approval to place the child in a state residential treatment program and has the authority to order placement and removal. The child is in the custody of the offending parent or relative while the agency tries to bring the family into compliance with court orders or agency case plans and the agency request to study a possible alternative caregiver out of state. The child is under the legal guardianship or custody of the parent or relative and is moving to the receiving state and the sending court asks that the receiving state completes a home study on the parent or relative.

**Parental Rights Terminated-Right to Place for Adoption:**

- The parental rights of the child's parents have been terminated and the child is legally free for adoption.

**Unaccompanied Refugee:**

- The child is an unaccompanied refugee.

Legal Status: [Details](#)

Parental Rights Terminated ▼

Specify Legal Status:

25. In the Placement Information group box:

- If the Regulation Type=Regulation 4-Residential Placement, the 'Provider Search' hyperlink displays. Selecting this hyperlink launches the Provider Search page.
- The name displays the ICPC Referral participant associated with the role of Placement Resource identified on the Participants tab when the Reg Type is not 4 or the name of a provider if the Reg Type is 4. The Placement Resource name displays, along with the SSN and DOB. The 'Placement Relationship to Child' drop-down field also displays and is user editable when the regulation type is not Regulation 7.
- The address fields prefill from either the Primary address record for the person or the physical address of the facility.

### Placement Request Detail

Type of Care: Unlicensed Relative (Not Parent) ▼

Is the placement for the purposes of Adoption? Not Applicable ▼

Is child eligible for Adoption Assistance? Not Applicable ▼

Legal Status: [Details](#) Court Jurisdiction Only ▼ Specify Legal Status:

Initial Report: Relative Home Study ▼ Supervisory Services: Requesting Receiving State to Arrange Supervision ▼

Supervisory Reports: Quarterly ▼ Supervisory Reports Detail:

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### Placement Information

[Provider Search](#)  Private Placement

Name: ABC Group Home (9222225)  
456 Provider St  
Milwaukee WI, 53201, United States; (Milwaukee)

By filling out the following information, the worker in the Sending state has confirmed that information provided is accurate. The placement plans must be discussed with the resource before sending this request to the Wisconsin ICPC Central Office.

Yes  No Are other adults living at home (as identified on the Participants tab)?

How many people, including children, are in the home (not including children to be placed)? 3

How many bedrooms are in the home? 4

I have communicated directly with the potential placement resource. Last date of contact with the proposed resource: 01/01/2023

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 s/he has sufficient resources or will access financial resources to feed, clothe, and care for the child, including child care.

The placement resource understands a criminal record and child abuse history check will be completed for any person residing in the home to be screened under the laws of the receiving state.

Describe or explain any concerns or special considerations that must be addressed in the evaluation of the proposed placement.

Enter narrative here...

26. If the information in the 'Are other adults living at home (as identified on the Participants tab)?' section is incorrect or participant doesn't display, click the Add/Edit button on the 'Participants' tab to Add new participant(s) or Edit an existing participant..
27. Answer the remaining questions on the page. Some of the fields are only required for certain regulation types. The Regulation 7 group box is only displayed when the Regulation type is 7.
28. Complete the required fields on the page.
  - a. The mental/behavioral/physical health needs question, the enrolled in school question, and the IEP fields default to answers/selections from the person management page. Information should be updated on the person management page so that the information prefills to other areas accurately.
  - b. The last field is to document any other relevant information. If there is no other relevant information type "Not applicable" in that narrative box.

**Regulation 7**

Proposed Resource Marital Status: Single ▼

Best time to contact the proposed resource: Anytime ▼

Name of Proposed resource's employer:

Provide an alternate contact:

Name:  Phone:

Please verify the following. If information about the child's needs, disabilities, school enrollment, or IEP is incorrect, please update this information on the child's Person Management page:

Child has mental/behavioral/physical health needs or disabilities: No

Child is Currently Enrolled in School: No

Child has an Individualized Education Plan: No

If the Child has an IEP, please upload a copy of the IEP.

Date of Current IEP: [Imaging Search](#)

Please describe any other relevant information about the child's health, behavior, school, etc., that may impact the decision for expedited placement approval:

Options:  Go Save Close

29. The Documentation tab allows the worker to search for the existing images in eWiSACWIS and bring them to the ICPC Referral. For situations when Sending State = WI, the users will be able to create templates by selecting the [Text](#) hyperlink. If an [Imaging Search](#) hyperlink appears, then the document needs to be uploaded.

30. Upload the required documentation (indicated by **\***) for the Placement Request by selecting the Type and then clicking the [Create](#), [Imaging Search](#) or [Text](#) hyperlink associated with the row to retrieve the needed image. Click the Insert button if additional documents are needed.

## Documentation

Documents below with (\*) are required for this referral to be processed. Some of the documents have been search below. Delete any incorrect documents, and upload any that were not found. Depending on the circumstances, additional documents may be required. See the Resource Button at the top of this page for a list and details regarding the required documentation per Regulation Type.

	Type	Document	
	100A	12/01/2025	<a href="#">Text</a> <a href="#">Delete</a>
*	100A - Signed		<a href="#">Create</a> <a href="#">Imaging Search</a> <a href="#">Delete</a>
	Birth Certificate		<a href="#">Create</a> <a href="#">Imaging Search</a> <a href="#">Delete</a>
*	Court Order		<a href="#">Create</a> <a href="#">Imaging Search</a> <a href="#">Delete</a>
*	Cover Letter		<a href="#">Create</a> <a href="#">Imaging Search</a> <a href="#">Delete</a>
	Family and Social History Documentation		<a href="#">Create</a> <a href="#">Imaging Search</a> <a href="#">Delete</a>
	Financial/Medical Plan	12/01/2025	<a href="#">Text</a> <a href="#">Delete</a>
*	Financial/Medical Plan - Signed		<a href="#">Create</a> <a href="#">Imaging Search</a> <a href="#">Delete</a>
*	Worker Statement - Signed		<a href="#">Create</a> <a href="#">Imaging Search</a> <a href="#">Delete</a>
	Worker's Statement		<a href="#">Text</a> <a href="#">Delete</a>

[Insert](#)

Permanency Plan:

Options:  [Go](#)

[Save](#) [Close](#)

**Note:** The values available in the 'Type' drop-down are filtered based on the Regulation Type and whether WI is a receiving or sending state. In order to accept the ICPC Referral, the ICPC Specialist will verify that all appropriate documentation is uploaded and complete. Please be sure to complete the following if applicable per the regulation type of the referral:

- Review the appropriate links in 'Resource' [Resource](#) on the top of the page. This will provide a list of other required documents that are not system validated upon sending the request to the ICPC Office.
- Launch the 100A and Worker Statement Templates, print and sign them, and upload them as 100A-Signed and Worker Statement images.
- Launch the Financial/Medical Plan template and complete the template questions before saving.
- Launch the Priority 101 template and complete the template questions before saving, if it is a Regulation 7 request.

31. For the date field, when the document is being associated with an image, this field pre-fills from the 'Date of Document' field on the Imaging page. When the document needed is a template, the field automatically pre-fills with the system date when the template was created.

32. The 'Document' column will display a date link to the existing document. A 'Text' link indicates an associated template while a date link indicates it's an image. 'Create' will bypass the imaging search and launch the 'Imaging' upload page.

33. Documents created within the last 30 days for any ICPC referral type will automatically pre-fill on the 'Imaging Search' page if the Imaging Search link is selected. If a recent document isn't found,

a pop up box will appear stating “No matching data found for the criteria specified. Click close to exit the search message and click ‘Create’ to upload a new document.

34. The Decision tab allows workers to complete the referral, save, and/or send the ICPC referral to ICPC staff by checking the ‘Completed’ checkbox. The ‘Send to WI ICPC’ checkbox allows county users to refer the ICPC Referral to the ICPC Staff. ICPC Staff can either accept, deny, or withdraw the referral or return it to the sending agency.

The screenshot shows the 'Decision' tab of an ICPC Referral form. At the top, there are five tabs: 'Participants', 'Referral Detail', 'Planning/Financial Responsibility', 'Placement Request Detail', and 'Documentation'. The 'Decision' tab is currently selected and highlighted in blue. Below the tabs, the form is divided into two main sections: 'Sending Agency' and 'State Compact Administrator'.  
**Sending Agency Section:**  
- A note: "Once completed, this referral must be sent to the WI ICPC Office for processing." with a "Completed" checkbox to its right.  
- "Sending Agency Representative:" field.  
- "Submission Date:" field with a date input showing "00/00/0000".  
- "Sending Office Signature Date:" field with a date input showing "00/00/0000".  
**State Compact Administrator Section:**  
- "Sending State Compact Administrator or Alternate:" field.  
- "Decision:" dropdown menu currently set to "Denied".  
- "Decision Date:" field.  
- "Not Last Sibling" checkbox.  
- A blue link labeled "Create/Link Case".  
- "Decision Narrative:" text area.  
At the bottom of the form, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons.

35. Once the ICPC Staff accepts, denies, or withdraws the ICPC Referral, it can be linked to either an existing or a new case. When an ICPC Referral is linked to an existing case, the case type does not change. When the ICPC Referral is used to create a new case, the new case is assigned a type of ICPC. Upon saving of the changes to Maintain case (creating/linking to a case opens Maintain Case page), the system creates an ICPC Record for the child who is associated with the role of Identified Child on the ICPC Referral.

36. When WI is the sending state, the ‘Sending Agency Representative’ field in the Sending Agency group box prefills with the name of the worker who has referred the ICPC Referral to the ICPC staff. The submission date is system driven when WI is the sending state.

37. The Decision field documents the decision by the Sending Agency, i.e. ‘Refer to ICPC’ or ‘Return to ICPC’ once the completed checkbox is selected.

- a. The Completed check box must be selected in order to send the referral to the ICPC office for review.
- b. If there are no participants on the participant tab with the ‘Same Proposed Resource’ checkbox checked, the following pop up displays: ‘Are there other siblings going to the same proposed resource’ selecting yes will check the ‘Not Last Sibling’ checkbox, only viewable by ICPC state staff.

38. Once the referral is sent to the ICPC staff you will receive a pop up confirming that your referral has been sent; i.e. This referral has been sent to the WI ICPC Office for review. Referrals are processed based on Regulation priority. You will be notified when the Referral has been Accepted, Denied or Returned for Additional Information.

39. The State Compact Administrator group box will be utilized by the ICPC central office staff.

40. "Sent to WI ICPC Office" will show as the 'Status' under the list of ICPC referrals on the desktop.

41. The Create/Link Case hyperlink is enabled only for ICPC staff once the Referral has a status of either Accepted or Denied.

**Note:** When the ICPC Referral is linked to an existing case, the case type does not change. When the ICPC Referral is linked to a new case, the case is assigned a case type of ICPC. If the referral is linked to a closed case, the case type will be updated to ICPC. Upon saving of the changes to Maintain Case (linking to a case opens Maintain Case page), the system creates an ICPC Record for the child who is associated with the role of Identified Child on the ICPC Referral.

42. After the ICPC referral has been referred to the ICPC office, the 'ICPC Referral History' value display in the Options dropdown menu.

### ICPC Referral History

Child: Participant, Daughter B. (9223400)      Referral ID: 8000480  
Placement Resource: Participant, Father (9224034)

### ICPC Referral History Details

Action	Date	Worker Name
Pending	12/05/2022	Cake, Caitlin C.
Accepted	12/05/2022	Cake, Caitlin C.

[Close](#)

## ICPC Referral Copy

43. The ICPC Referral Copy page is used to select an ICPC Referral participant who needs a new ICPC referral with the information from the current ICPC Referral.
44. Select either the Identified Child or the Sibling, as identified on the Participants tab. If a sibling is selected, the sending state is Wisconsin and the regulation is 'Regulation 7 – Expedited Placement Decision' a Court Order group box will appear allowing you to select the Priority Placement Order that will prefill into the copied over ICPC Referral.
45. You can continue by clicking the 'Create' button to copy-over some user-entered data from the current ICPC Referral into a new one.

ICPC Referral Copy Print Help

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**Basic**

Child: Participant, Daughter B. (9223400) Placement Resource: Participant, Father (9224034)

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**ICPC Referral Participants**

To create a new ICPC Referral by copying a previous ICPC Referral, select a radio button for a participant below. Select the radio button for the sibling if the proposed resource is the same. Select the radio button for the ICPC Referral's Identified Child to create a new ICPC Referral when converting from Relative Care to Foster Care or Foster Care to Adoption.

Select	Child	Date of Birth	Assigned Role on the Current Referral
<input type="radio"/>	Cleaver, Theodore (9228002)	01/01/2018	Household Member, Identified Child
<input checked="" type="radio"/>	Cleaver, Wally (9228003)	04/20/2003	Household Member, Sibling

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**Court Order**

Does this sibling have a Priority Placement Order (Expedited Placement Decision)? If Yes, then upload the Court Order below (otherwise the Regulation Type will not copy).

Court Order Date: [06/01/2022](#) [Imaging Search](#)

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[Create](#) [Close](#)

46. The New ICPC Referral page will launch in create mode pre-filled with some information from the current ICPC Referral Record.

## ICPC Referral Made In Error

47. After the referral is initially saved the Made in Error value displays in the Options drop down.
48. Once 'Go' is selected the following pop-up displays: 'This ICPC Referral will be marked as Made in Error. Do you want to continue?' Selecting Yes freezes the referral and sets the status to 'Made in Error '. Selecting no will return you to the page.
49. ICPC Referrals that were Made in Error can be viewed on the desktop ICPC tab by selecting the radio button for 'All ICPC Referrals' along with selecting the check box for 'Not approved/cancelled'.

ICPC Referrals

Filter by:

My ICPC referrals

All ICPC referrals

ICPC referrals: 24

Not approved/cancelled

[Create ICPC referral](#)

Showing 1 to 24 of 24 rows  rows per page

## Automated Messages

### ICPC Referral has been sent to ICPC Office

<b>Title</b>	ICPC Referral has been sent to ICPC Office
<b>Purpose:</b>	To inform the ICPC Staff that an ICPC Referral has been referred.
<b>Subject:</b>	ICPC Referral sent to ICPC
<b>To:</b>	Those defined on the Automated Message Distribution page.
<b>Message:</b>	An ICPC Referral {[ICPC Referral ID] for [child name], DOB [DOB], with Regulation Type [Reg Type] has been sent to the ICPC office for review and decision.
<b>Processing:</b>	This message is created when a user changes the Send to WI ICPC checkbox on the Decision tab of a Pending ICPC Referral page to checked and successfully saves the page.

### ICPC Referral has been returned to Sending Agency

<b>Title</b>	ICPC Referral has been returned to Sending Agency
<b>Purpose:</b>	To inform the ICPC Referral originator that the ICPC Referral has been returned to the Sending Agency.
<b>Subject:</b>	ICPC Referral Returned to Sending Agency
<b>To:</b>	The Child Welfare Professional who submits (ID_WORKER_REFERRED_TO_ICPC) the ICPC Referral to ICPC office AND primary Child Welfare Professional and Primary Child Welfare Professional's supervisor.
<b>Message:</b>	The ICPC Referral {[ICPC Referral ID] for [child name], DOB [DOB] has not been sent to the receiving agency and has been returned to your agency with the comments identified below. Please address these comments and resubmit the ICPC Referral to continue processing. Please contact the ICPC office if you have questions. Decision Comments: [Narrative field from the Decision tab].
<b>Processing:</b>	This message is created when ICPC user saves ICPC referral after selecting Return to Sending Agency value from the Decision field on the Decision tab of the ICPC Referral page.

### ICPC Referral has been returned to ICPC Office

<b>Title</b>	ICPC Referral has been resubmitted to the ICPC Office
<b>Purpose:</b>	To inform the ICPC staff that an ICPC Referral has been resubmitted.
<b>Subject:</b>	ICPC Referral Resubmitted to ICPC
<b>To:</b>	The ICPC worker assigned to the ICPC Referral.
<b>Message:</b>	The ICPC Referral {[ICPC Referral ID] for [child name], DOB [DOB], with Regulation Type [Reg Type] has been resubmitted to the ICPC office for re-review and decision.

<b>Processing:</b>	This message is created when a user changes the Send to WI ICPC checkbox on the Decision tab of a non-Pending ICPC Referral page to checked and successfully saves the page.
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### ICPC Referral Decision has been Made

<b>Title</b>	A decision has been made on the ICPC Referral
<b>Purpose:</b>	To inform of a decision made on the ICPC Referral.
<b>Subject:</b>	Decision made on ICPC Referral
<b>To:</b>	The Child Welfare Professional who submits (ID_WORKER_REFERRED_TO_ICPC) the ICPC Referral to ICPC office AND primary Child Welfare Professional.
<b>Message:</b>	<p><i>If an Identified Child is specified:</i>  The ICPC central office has [Decision] the Referral {[ICPC Referral ID] for Child [child name], DOB [DOB]. Decision comments: [Narrative]</p> <p><i>If no Identified Child is specified:</i>  The ICPC central office has [Decision] the Referral {[ICPC Referral ID]. Decision comments: [Narrative]</p>
<b>Processing:</b>	This message is created when user selects a Decision of either Accepted, Withdrawn or Denied on the ICPC Referral page and then saves the page successfully.

### Assignment to ICPC Referral

<b>Title</b>	ICPC Referral has been assigned to you.
<b>Purpose:</b>	To inform of an assignment has been made to an ICPC Referral.
<b>Subject:</b>	Open Assignment to an ICPC Referral
<b>To:</b>	Assignee
<b>Message:</b>	You have been assigned to an ICPC Referral {[ICPC Referral ID] for Child [child name], DOB [DOB]. Please review your My ICPC Referrals expando.
<b>Processing:</b>	This message is created when an ICPC Referral assignment is created by the user.