

**DEPARTMENT OF CHILDREN AND FAMILIES**Division of Safety and Permanence  
DCF-F-CFS0101-E (ICPC-101) (R. 11/2009)**ICPC SENDING STATE PRIORITY HOME STUDY REQUEST****Use of form:** Complete this form to request priority home study for out-of-state placement of child(ren) per Regulation No. 7 of ICPC (s. 48.988, Wis. Stats.) Confidential information on this form will be used for identification purposes only. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].**Instructions:** Send completed form to: Department of Children and Families  
Division of Safety and Permanence  
Bureau of Permanence and Out-of-Home Care  
ATTN: ICPC Unit  
201 E. Washington Avenue, Rm. E200  
Madison, WI 53703**CHILD**Name – Child to be Placed (Last, First, MI) Birthdate (mm/dd/yyyy) Hispanic / Latino  
 Yes  No

Race (Check one)

 Asian  Black or African American  Native Hawaiian or Pacific Islander  American Indian or Alaska Native  White**PARENT**

Name – Mother (Last, First, MI) Name – Father (Last, First, MI)

**PROPOSED CAREGIVER**

Name (Last, First, MI) Address (Street, City, State, Zip Code)

Marital Status (Check one) Name – Person Caregiver is Living With Relationship to Caregiver  
 S  D  M  Widowed  Sep.Social Security Number Best Time of Day to Contact Caregiver Telephone Number – Home  
 A.M.  P.M.

Caregiver's Relationship to Child Name – Caregiver's Employer Telephone Number – Work

**ALTERNATE CONTACT**

Name (Last, First, MI) Telephone Number

Address (Street, City, State, Zip Code)

**CHILD'S ASSESSMENT** Yes  No Case Plan is attached. Yes  No Financial / Medical Plan (CFS-2196) is attached. Yes  No Child has special needs. If "Yes", describe. Yes  No Child has handicaps - mental / physical. If "Yes", describe. Yes  No Child has service needs / treatment requirements. If "Yes", describe.

School Information

 Yes  No Other required, pertinent information regarding child and family will follow.

Name – Social Worker (Print) Telephone Number

**SIGNATURE** – Social Worker Date Signed**SIGNATURE** – Supervisor (If required) Date Signed Telephone Number