**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

# Interstate Compact on the Placement of Children (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]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

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| **TO:** (Name of Receiving State) | | | | | **FROM:** Wisconsin ICPC  DCF/DSP  P. O. Box 8916  Madison, WI 53708-8916 | | | | | | | |
| **NOTICE IS GIVEN OF INTENT TO PLACE CHILD** | | | | | | | | | | | | |
| **IDENTIFYING DATA** | | | | | | | | | | | | |
| Name – Child (Last, First MI) | | | eWiSACWIS Case ID | | | | Birthdate | | | Sex | | Social Security Number |
| Race | | | ICWA Eligible  Yes  No | | | | Tribe Agrees with Placement  Yes  No | | | | | IV-E Eligible  Yes  No  Pending |
| Name – Parent 1 | | | | | | Name – Parent 2 | | | | | | |
| 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) | | | | | | |
| **PROPOSED PLACEMENT INFORMATION** | | | | | | | | | | | | |
| Name – Person or Facility Child is to be Placed With | | | | | | | | | | | Telephone Number | |
| Address – (Street, City, State, Zip Code) | | | | | | | | | | | | |
| Type of Care | | | | | | | | |  | | | |
| Foster Home (non-relative)  Group Home Care  Residential Care Center  Parent  Unlicensed Relative (not parent) – Relationship:  Licensed Relative (not parent) – Relationship: | | | | | | | | | Is this placement for the purposes of adoption?  Yes  No | | | |
|  | | | | | | | | | Adoption to be completed in  Sending state  Receiving state | | | |
| Legal Status  Sending Agency Custody / Guardianship  Parent Relative Custody / Guardianship (only for private RCC)  Court Jurisdiction Only | | | | Parental Rights Terminated - Right to Place for Adoption  Unaccompanied Refugee | | | | | | | | |
| **SERVICES REQUESTED** | | | | | | | | | | | | |
| Initial Report (If applicable)  Parent Home Study  Relative Home Study  Adoptive Home Study / Placement  Foster Home Study / Placement | | Supervisory Services  Request Receiving State to Arrange Supervision  Another Agency Agreed to Supervise | | | | | | Supervisory Reports  Quarterly  Monthly  Other | | | | |
| Name – Supervising Agency in Receiving State | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | |
| Placement may be made  Placement shall not be made | Remarks | | | | | | | | | | | |
| **SIGNATURE**—Receiving State Compact Administrator or Alternate | | | | | | | | Date Signed (mm/dd/yyyy) | | | | |
|  | | | | | | | |  | | | | |