# DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence

# Tribal ICPC Placement Documentation

**Use of form:** Complete this form to meet service and documentation requirements for child(ren) relocated to a Tribal Title IV-E agency or an Indian Tribe with a Title IV-E agreement per section 1356.67, Code of Federal Regulations. Personal information you provide may be used for secondary purposes [Privacy Law, s. 12.04(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 Tribe / 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)      |  Social Security No.      | Birthdate      | Sex  | Tribe      | IV-E Eligible[ ]  Yes [ ]  No |
| 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)      |
| **PLACEMENT INFORMATION** |
| Name – Person or Facility Child is to be Placed With      | Telephone Number      |
| Address – (Street, City, State, Zip Code)      |
| Type of Care / Placement Preference | [ ]  Parent |       |  | [ ]  Adoption |
| [ ]  Foster Family Care[ ]  Group Home Care[ ]  Residential Care Center | [ ]  Relative (not parent) – Specify Relationship  | [ ]  Subsidy / IV-E Assistance |
|  |  |       |  | Adoption to be completed in – |
|  | [ ]  Other – Specify |       |  | [ ]  Sending state[ ]  Receiving state |
|  |  |  |  |  |
| Legal Status[ ]  Sending Agency Custody / Guardianship[ ]  Parent Relative Custody / Guardianship[ ]  Court Jurisdiction Only | [ ]  Parental Rights Terminated – Right to Place for Adoption[ ]  Unaccompanied Refugee[ ]  Other – Specify       |
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| **Checklist for relocation to a Tribal Title IV-E Agency:**Submit to ICPC THREE identical packets for EACH child, each including: |
| Documents related to Title IV-E and XIX eligibility determination:[ ]  Child’s **completed** Title IV-E and XIX eligibility printout from eWiSACWIS  (form e201) [ ]  Information regarding the child’s current  placement setting, including current  foster home license | Judicial determination(s) (Temporary Physical Custody and / or first Dispositional Order) containing language that:[ ]  Continuation in the home from which the child was removed was contrary to the welfare of the child[ ]  Reasonable efforts were made to prevent removal  or not required | Additional documentation required per Title IV-E: [ ]  Complete case plan |
| Complete education records, including:[ ]  the names and address of the child’s  health and educational providers[ ]  the child’s grade level performance[ ]  the child’s school record | Complete health records, including[ ]  a record of the child’s immunizations[ ]  the child’s known medical problems[ ]  the child’s medication | Eligibility for other federal benefits, including printouts for:[ ]  Supplemental Security Income (SSI) via Cares Worker Web[ ]  Forward Health Title XIX [Medicaid] history screen |
| **SIGNATURE** – Person or Sending Agency Representative | Date Signed (mm/dd/yyyy)      |
| **SIGNATURE** – Sending State Compact Administrator or Alternate | Date Signed (mm/dd/yyyy)      |