**Safe and Timely Preliminary Home Study Report**

**Interstate Compact for the Placement of Children (ICPC)**

**Use of form:** This preliminary report is sent to you in accordance with the Safe and Timely Interstate Placement of Foster Children Act of 2006. This information is not considered as an approval or denial for placement. A child cannot be placed on a preliminary report. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

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| --- | --- | --- | --- | --- | --- | --- |
| **CASE INFORMATION** | | | | | | |
| Name(s) of Child(ren) – List Oldest Child First | | | | | | eWiSACWIS Case ID |
| Placement Resource | | | | | | |
| Home Study Type  Parent  Adoption  Unlicensed Relative Study  Foster/Licensed Relative | | | | | | |
| Anticipated Completion Date (mm/dd/yyyy) | | | | | | |
| Sending State and County | | | | | | |
| **WORKER INFORMATION** | | | | | | |
| Name – Wisconsin Social Worker | | Agency | | | | |
| Address | | | | | | |
| Email Address | | | | | Phone Number | |
| The following items are incomplete or need further assessment: | | | | | | |
|  | Background checks are incomplete. | | | | | |
|  | A household member’s background check has a criminal history hit or negative action that needs to be assessed for character, competence and suitability related to child safety, permanence, or well-being. | | | | | |
|  | Training for foster parenting is incomplete: | | | | | |
|  | Medical references have not been received. | | | | | |
|  | Personal references have not been received. | | | | | |
|  | The home environment does not currently meet requirements, but the potential placement has an identified plan and anticipates meeting requirements. | | | | | |
|  | All information has been gathered and the written home study is in progress. | | | | | |
|  | Describe any additional concerns or delays: | | | | | |
|  | | |  | | | |
| Name – Wisconsin Social Worker | | |  | | | |
|  | | |  |  | | |
| **SIGNATURE** – Wisconsin Social Worker | | |  | Date Signed (mm/dd/yyyy) | | |