

ICPC 100A
REV. 8/2001

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

One form per child

TO:

FROM:

SECTION I - IDENTIFYING DATA			
Notice is given of intent to place - Name of Child: <input checked="" type="checkbox"/>		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number: <input checked="" type="checkbox"/>		ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex: <input checked="" type="checkbox"/>	Date of Birth: <input checked="" type="checkbox"/>	Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Name of Mother: <input checked="" type="checkbox"/>		Name of Father: <input checked="" type="checkbox"/>	
Name of Agency or Person Responsible for Planning for Child: <input checked="" type="checkbox"/>			Phone: <input checked="" type="checkbox"/>
Address: <input checked="" type="checkbox"/>			
Name of Agency or Person Financially Responsible for Child: <input checked="" type="checkbox"/>			Phone: <input checked="" type="checkbox"/>
Address: <input checked="" type="checkbox"/>			
SECTION II - PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is to be placed with: Vista RTC			Soc Sec # (optional): Soc Sec # (optional):
Address: 8265 W. 2700 South Magna, Utah 84044			Phone: (801) 250-9762
Type of Care Requested:		Relationship: _____	
<input type="checkbox"/> Foster Family Home	<input checked="" type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Parent	<input type="checkbox"/> ADOPTION
<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent	<input type="checkbox"/> Relative (Not Parent)	<input type="checkbox"/> IV-E Subsidy
<input type="checkbox"/> Child Caring Institution		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Non IV-E Subsidy
		To Be Finalized In:	
		<input type="checkbox"/> Sending State	
		<input type="checkbox"/> Receiving State	
Current Legal Status of Child: <input type="checkbox"/> Protective Supervision			
<input type="checkbox"/> Sending Agency Custody/Guardianship		<input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption	
<input type="checkbox"/> Parent Relative Custody/Guardianship		<input type="checkbox"/> Unaccompanied Refugee Minor	
<input type="checkbox"/> Court Jurisdiction Only		<input type="checkbox"/> Other:	
SECTION III - SERVICES REQUESTED			
Initial Report Requested (if applicable):		Supervisory Services Requested:	
<input type="checkbox"/> Parent Home Study		<input type="checkbox"/> Request Receiving State to Arrange Supervision	
<input type="checkbox"/> Relative Home Study		<input type="checkbox"/> Another Agency Agreed to Supervise	
<input type="checkbox"/> Adoptive Home Study		<input type="checkbox"/> Sending Agency to Supervise	
<input type="checkbox"/> Foster Home Study			
Supervisory Reports Requested:			
<input type="checkbox"/> Quarterly			
<input type="checkbox"/> Semi-Annually			
<input type="checkbox"/> Upon Request			
<input type="checkbox"/> Other:			
Name and Address of Supervising Agency in Receiving State:			
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures			
<input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Documentation			
Signature of Sending Agency or Person: <input checked="" type="checkbox"/>			Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:			Date:
SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC			
<input type="checkbox"/> Placement may be made		<input type="checkbox"/> Placement shall not be made	
REMARKS:			
Signature of Receiving State Compact Administrator, Deputy or Alternate:			Date:

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REPORT ON CHILD'S PLACEMENT STATUS

TO:

FROM:

SECTION I – IDENTIFYING INFORMATION

Child's Name: Y		Birthdate: X
Mother's Name: X	Father's Name: X	

SECTION II – PLACEMENT STATUS

<input checked="" type="checkbox"/> Initial Placement of Child in Receiving State		Date Child Placed in Receiving State:
Name of Resource: Vista RTC		
Address: 8265 West 2700 South Magna, UT 84044		
Type of Care: RTC		
<input type="checkbox"/> Placement Change		Effective Date of Change:
Name of Resource:		
Address:		
Type of Care:		

SECTION III – COMPACT PLACEMENT TERMINATION

<input type="checkbox"/> Adoption Finalized	<input type="checkbox"/> In Sending State	<input type="checkbox"/> In Receiving State	<input type="checkbox"/> Court Order Attached
<input type="checkbox"/> Child Reached Majority/Legally Emancipated		<input type="checkbox"/> Court Order Attached	
<input type="checkbox"/> Legal Custody Returned to Parent(s)		<input type="checkbox"/> Court Order Attached	
<input type="checkbox"/> Legal Custody Given to Relative			
Name:		Relationship:	
<input type="checkbox"/> Treatment Completed <input type="checkbox"/> Sending Stat's Jurisdiction Terminated with the Concurrence of the Receiving State <input type="checkbox"/> Unilateral Termination <input type="checkbox"/> Child Returned to Sending State <input type="checkbox"/> Proposed Placement Request Withdrawn			
Name of Placement Resource:			
<input type="checkbox"/> Approved Resource Will Not Be Used for Placement			
Name of Approved Placement:			
<input type="checkbox"/> Other (Specify)			
Date of Termination:			

SECTION IV – SIGNATURES

Person/Agency Supplying Information: X	Date: X
Compact Administrator, Deputy or Alternate:	Date:

DISTRIBUTION (Complete four (4) copies of this form):

- Sending Agency retains a (1) copy and forwards completed original plus three (3) copies to:
- Sending compact Administrator, DCA, or alternate retains one (1) copy and forwards two (2) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate retains one (1) copy and forwards one (1) copy to the receiving agency.