ICPC 100A REV. 8/2001

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

Please type

TO:

FROM: N.C. Division of Social Services

820 S. Boylan Ave., 1st Floor, McBryde Building East Raleigh, North Carolina 27603-2246

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

 Sending Compact Administrator. DCA, or alternate retains a completed copy and forwards the completed original to the sending agency. DSS-1837 (Rev. 03/2014) Page 1 of 1 (ICPC 100A)

DISTRIBUTION (Complete six (6) copies):

• Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:

• Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:

• Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.