

# North Carolina Interstate Compact

## Regulation # 7 Case Manager Statement of Interest

### Identifying Information of Placement Resource

**Full Name:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_  
Street Address Apartment/Unit #

City State County ZIP Code

**Home Phone:** ( ) \_\_\_\_\_ **Alternate Phone:** ( ) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Interested in placement and agrees to participate in process**  **yes**  **no**

**Social Security Number or Government ID:** \_\_\_\_\_

**Name of Employer and phone number:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Spouse's Employer:** \_\_\_\_\_ **Alternate Phone number:** ( ) \_\_\_\_\_

### Number and Type of Rooms In The Home

**Number of Bedrooms**  **Number of Adults residing in the home**

**Number of Other Rooms**  **Number of Children currently residing in the home**

**Square footage of home**

### Other Adults in the Home

<i>Name</i>	<i>DOB</i>	<i>Social Security Number</i>	<i>Contact Information (if different from above)</i>

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### Signed Statement (check appropriate boxes to left and sign below)

Placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.

I have spoken with the Placement resource about criminal records and child abuse history checks that will be completed on any persons residing in the home according to the law of the receiving State. To the best knowledge of the placement resource, no one residing in the home has a criminal or child abuse history that would prohibit the placement.

I acknowledge discussing with the placement resource that they either have or will access financial resources to feed, cloth and care for the child.

There is a need for childcare and a plan has been developed to both provide for and pay for childcare.

A request is being made for concurrence to relinquish jurisdiction if placement sought with a aren't from whom the child was not removed.

I have completed and am prepared to send all required paperwork to the sending State ICPC office, including the [ICPC 100 A](#). ([Instructions](#) for completing the 100A, along with a [checklist](#) can be found on line.)

Date of Discussion \_\_\_\_\_

**Case Manager:**

\_\_\_\_\_  
*First and Last Name of Worker*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*Date*

**Case Manager:**

\_\_\_\_\_  
*Print First and Last Name of Worker*

**Supervisor:**

\_\_\_\_\_  
*First and Last Name of Supervisor*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*Date*

**Supervisor:**

\_\_\_\_\_  
*Print First and Last Name of Worker*

**Additional Information:**