

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

Form ICPC 102 (Regulation .02)

RECEIVING STATE PRIORITY HOME STUDY REQUEST

EACH SECTION MUST BE COMPLETED

Name of Child ¹ to be placed: _____ Age: _____ Sending State: _____

*Race: _____ **Ethnicity: _____ DOB: _____

Dates of telephone contacts: _____ Dates of Home Visits: _____

PROPOSED CARETAKER/SPOUSE

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: (Home) _(_____) _____ (Work) _(_____) _____

Marital Status: **S M Sep. D W** Living with: _____
(circle one) *(name of person)*

Caretaker/Spouse: _____

Employer's Name & Address: _____

Employer's Telephone Number: (_____) _____

YOU MUST SUBMIT INCOME VERIFICATION

Income: \$ _____ yearly monthly bi-weekly weekly
(circle one)

Head of Household: _____ *(Name on rent receipts, utility bills, etc.)*

Number of Members in Household: _____

Relationship to proposed caretaker: _____

Length of relationship *(if not marital)*: _____

Relationship of proposed caretaker to child: _____

Reason for wanting to care for children :

How did you hear about child's situation?

¹ If there is more than one child to be placed with the proposed caretaker, list the name of the child(ren) and all requested information on a separate page and attach to this form.

*Race: American Indian or Alaskan Native; Asian, Black or African American; Native Hawaiian or Other Pacific Islander; White

**Ethnicity: Hispanic or Latino; Not Hispanic or Latino

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Do you understand the situation that caused this request?

Ability to protect child from offender:

Willingness to provide care (*time limited?*) (*open-ended?*)

Appropriateness of child care plans:

Forms of discipline:

Is present income adequate

Willingness (ability) to care for child without financial help:

Willingness to accept/apply for TANF? YES _____ NO _____

Requests Foster Care benefits? YES _____ NO _____

Willingness to undergo licensure? YES _____ NO _____

SPECIAL NEEDS

Ability of caretaker, community, schools to meet child(ren)'s special needs:

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OTHER ADULTS IN HOUSEHOLD *(list separately/use additional sheet to list household members if needed)*

Name: _____ Age: _____

Relationship to proposed caretaker: _____ Relationship to child to be placed: _____

Attitude towards placement:

Name: _____ Age: _____

Relationship to proposed caretaker: _____ Relationship to child to be placed: _____

Attitude towards placement:

OTHER CHILDREN IN HOUSEHOLD *(list separately/use additional sheet to list household members if needed)*

Name: _____ Age: _____

Relationship to proposed caretaker: _____ Relationship to child to be placed: _____

Attitude towards placement:

School progress/problems:

Previous contacts with public/social services agencies:

Name: _____ Age: _____

Relationship to proposed caretaker: _____ Relationship to child to be placed: _____

Attitude towards placement

School progress/problems:

Previous contacts with public/social services agencies:

CLEARANCES *(in accordance with receiving state law)*

Law enforcement/child abuse and neglect clearances for all household members who have reached the age of majority:

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Police:

Child Abuse and Neglect

Family known to public/social services agencies (*if yes, please explain*):

HEALTH

Proposed caretaker and other family members state that they are in basic, good health and free of communicable diseases:

YES _____ NO _____ (*if no, please explain*)

HOME AND COMUNITY

Adequacy of space:

Will the child have his/her own bed: YES ___ NO ___ Closet space? YES ___ NO ___

Will the child share a bedroom? YES ___ NO ___ (*if yes, list name(s) below*)

With whom?

Housekeeping standards:

Viewed potential hazards, safety problems (*please specify*):

Appropriateness of neighborhood

Proximity to schools, medical services, etc.:

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AREA OF CONCERN

Did you visualize or anticipate any potential problem areas with this case (*explain*)

CASE PLAN FROM SENDING STATE

Is the submitted case plan suitable/adequate for this proposed placement? YES ___ NO ___ (*if no, explain*)

Do you have any recommended changes in the case plan or goal?

Are there any restrictions or limitations you would place on the proposed family, the court, the placing agency?

Financial/Medical Plan from Sending State is adequate for this child? YES ___ NO ___ (*if no, explain*)

STUDY NARRATIVE

Discuss any areas that cannot be addressed by this abbreviated study. Please explain or expound upon any area that needs clarification

Worker's Recommendations: **For Placement** _____ **Against Placement** _____ (*explain below*)

Comments (*if appropriate*):

Please list conditions, if any, for placement to occur:

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Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Worker: _____ Name of Supervisor: _____

(please print)

(please print)

Title: _____

Title: _____

Worker's Signature: _____

Supervisor's Signature: _____

Date: _____

Date: _____

Telephone Number: (____) _____

Telephone Number: (____) _____

REFERENCES

Name: _____

Street Address: _____

City: _____

State, Zip Code: _____

Home Telephone Number: (____) _____

Work Telephone Number: (____) _____

Made Contact: YES ___ NO ___

Positive ___ Negative ___ *(if negative, explain below)*

Name: _____

Street Address: _____

City: _____

State, Zip Code: _____

Home Telephone Number: (____) _____

Work Telephone Number: (____) _____

Made Contact: YES ___ NO ___

Positive ___ Negative ___ *(if negative, explain below)*

Name: _____

Street Address: _____

City: _____

State, Zip Code: _____

Home Telephone Number: (____) _____

Work Telephone Number: (____) _____

Made Contact: YES ___ NO ___

Positive ___ Negative ___ *(if negative, explain below)*