

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN**

**SENDING STATE PRIORITY HOME STUDY REQUEST**

*Form ICPC 101 (Regulation .01)*

*To be submitted by Social Worker with other required ICPC materials*

Name of Child <sup>1</sup> to be placed: \_\_\_\_\_ Age: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ DOB: \_\_\_\_\_ Father's Name: \_\_\_\_\_

**PROPOSED CARETAKER**

Name: \_\_\_\_\_ Marital Status: **S, M, Sep., D, W** Living with: \_\_\_\_\_  
*(circle one)* *(name of person)*

Address: \_\_\_\_\_

Telephone Number: (Home) \_( ) \_\_\_\_\_ (Work) \_( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Relationship to child identified above: \_\_\_\_\_

Best time to contact caretaker: \_\_\_\_\_ Employer: \_\_\_\_\_  
*(if applicable)*

Alternate Contact Name & Address: \_\_\_\_\_

**ASSESSMENT OF CHILD**

Case Plan attached: YES NO  
*(circle one)*

Financial/Medical Plan attached: YES NO  
*(circle one)*

Special Needs: \_\_\_\_\_

Handicaps: Mental/Physical \_\_\_\_\_

Services Needs/Treatment Requirements: \_\_\_\_\_

School Information: \_\_\_\_\_

Other required pertinent information regarding child and family will follow: YES NO  
*(circle one)*

Worker's Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
*(please print)* *(telephone number)*

Worker's Signature: \_\_\_\_\_ ( ) \_\_\_\_\_  
*(date)* *(fax number)*

Supervisor's Signature: \_\_\_\_\_ ( ) \_\_\_\_\_  
*(if required)* *(date)* *(telephone number)*

<sup>1</sup> 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.