

**For Regulation
7 use only**

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
SENDING STATE PRIORITY HOME STUDY REQUEST**

To be submitted by Social Worker with other required ICPC materials

**ICPC-101
PLEASE TYPE**

Name of Child to be Placed:	Age:	Mother's Name:
Ethnic Group: W=White	DOB:	Father's Name:

PROPOSED CARETAKER

Name:	Marital Status: Single	Living With:
Address:		
Telephone Home #:	Work #:	Social Security #:
Relationship to child identified above:		
Best time of day to contact caretaker:	Employer:	
Alternate Contact Name & Address:		

ASSESSMENT OF CHILD

Case Plan Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial/Medical Plan Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs:	
Handicaps: Mental/Physical:	
Service Needs/Treatment Requirements:	
School Information:	
Other required pertinent information regarding child and family will follow: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Worker's Name (Please Type):	Telephone #:

SIGNATURES

Worker's Signature:	Date:	
Supervisor's Signature:	Date:	Telephone #:

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.